OKLAHOMA VOTER REGISTRATION APPLICATION

USE BLUE OR BLACK INK

Fold the application and place it in an envelope.

Mail it to:

OKLAHOMA STATE ELECTION BOARD

P.O. BOX 528800

Oklahoma City, OK 73152-8800

ОК93140-**270-W**

CEB Use Only Voter ID		Precinct		Activation Date		
1. Last Name (Print) F		First Name (Print)		Middle Name (Print)		Suffix (Print) Jr., Sr., II, etc.
2. Birth Date 3. Identification Number (See Instructions.) Month Day Year a. Oklahoma Driver License Number b. Last Four Numbers of Social Security Number c. I do not have a driver license (Required) (Required if no driver license) or a Social Security Number.						
4. Political Party Democratic Party Republican Party Libertarian Party No Party Other (See Instructions.)						
5. Street or 911 Address or directions to your home City State ZIP code (Do not use a rural route or PO Box. See Instructions.) State ZIP code						
6. Mailing Address			City St	ate ZIP c	ode 7. County of I	Residence
8. Have you been registered before? (See Instructions) Yes No If you marked YES above, please give the following information.			9. Oath (See Instructions.) Are you a citizen of the United States of America? YES NO WILL Will you be 18 years of age on or before election day? YES NO WILL If you check NO in response to either of these questions, DO NOT sign or submit this form.			
Former Name Former Party Former Residence Address			 I swear or affirm that: I am a citizen of the United States and I am a resident of the State of Oklahoma. I am 18 years old or older, or I will be 18 on or before the date of the 			
City	County	State	 next election. I have not been convi felony, a period of tim have been pardoned. 	icted of a felo ne equal to th	ony, or if I have beer le original sentence	n convicted of a has expired, or I
Voter ID Number			 I am not now under judgment as an incapacitated person. I am not under judgment as a partially incapacitated person prohibited from voting. The information I have given is true. I reside at the address given. I 			
helper should write his/her name and address here.			understand that submitting false information on this form is a felony punishable by not more than 5 years in prison, by a fine of not more than \$50,000.00, or both.			
			Signature or Mark of Ap	nature or Mark of Applicant Date		