INSTRUCTIONS

Already registered in Michigan? Update your address quickly and easily at ExpressSOS.com.

Complete this form to register to vote or update your registration information.

- Please print all information clearly using black or blue pen.
- Sign the form.
- Mail or drop off the form to your city/township clerk.

Find your city/township clerk and more information at mi.gov/vote.

Name changes must be completed at an SOS branch office.



This registration will be in effect for the next election if postmarked or delivered no later than 15 days before election day and you have met all the qualifications to register to vote.



After the 15 day deadline and on Election Day, you may register to vote by bringing this form and residency verification to your city/township clerk.

If a voter possesses a Michigan driver license (DL) or personal ID (PID), Michigan law requires the same address be used for voter registration and DL/PID purposes. Use of this form will also change your DL/PID address. The Secretary of State will mail you a new address sticker for your DL/PID.

Box / Apt. No. / Lot No VOTER REGISTRATION RECEIPT (If no voter ID card is received within 3 weeks, contact the clerk.) ₹ Signature of Officer Accepting Registration You applied for registration for the Twp. City you live -Address

City

Last

		Office Use
State o	f Michigan Voter Registration App	ID verified by
	n Driver License/Personal Identification Card Address	Charles Envis
		if returned by
Qualificat	tions	applicant & photo ID no! provided
•	itizen of the United States of America? at least 18 years of age on or before election day?	Yes No
lf you	are not a US citizen, do NOT complete	this form
Michigan	Driver License/State Personal ID #	
	ot have a Michigan driver license or personal ID ca e last four digits of your Social Security number:	rd,
$X \times X - X$	X X –	
	nt have a valid Michigan issued driver license, a Mi al ID card, or a Social Security number.	chigan
Personal	Information * required information	
Last Name*	First* Middle	Suffix
Date of Birth*	- Male Female	
		MI
()	ou live - House number and Street/Road* Apt/Lot # City*	Zip
Phone	Email	
Mailing Address	s (if different than residential address)	
City	State	Zip
SIGNATI	URE	
I certify that:		
	 I am a citizen of the United States. 	
	 I am a resident of the State of Michigan and will be at 30-day resident of my city or township by election day 	
	I will be at least 18 years of age by election day.	
	• I authorize the cancellation of any previous registration	٦.
penalty of p	tion I have provided is true to the best of my knowledge erjury. If I have provided false information, I may be subj nent or both under federal or state laws.	
or imprisonr	nent of both under lead a state laws.	
or imprisonr	nent of both under rederal of state laws.	
or imprisonr	X /	/
or imprisonr	X Signature Date	/