STATE OF CONNECTICUT
MAIL-IN VOTER REGISTRATION

■ YOU MAY USE THIS EASY FORM TO:
• register to vote in Connecticut;
• change your name and/or address on current registration;
• enroll in a political party or change party enrollment;

Note: (Changing parties may result in losing rights in all parties for 3 months)

IMPORTANT! Keep your voter record up to date

■ REGISTRATION INSTRUCTIONS:
1. Fill in all boxes that apply to you on this application.
2. Place a first-class stamp on the application, fold, and mail it to the town hall where you live (or deliver it to your town hall or voter registration agency).
3. You are not a voter until your application is approved by the Registrar of Voters.
4. You should receive a confirmation within 3 weeks.
   If you do not, contact the Registrar in your town hall.
5. If (1) you submit this form by mail and (2) you are registering for the first time in town, you may wish to submit with this application your driver's license number or if none, the last four digits of your social security number; or (a) a copy of a current and valid photo I.D. or (b) a copy of a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address, in order to avoid additional I.D. requirements the first time you vote.

■ QUESTIONS?
Call your local Registrar of Voters or the Secretary of the State at (800) 540-3764 or (860) 509-6100 (TDD,800-303-3161)

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1a Check Boxes that Apply: ☐ New Voter Registration (includes move to a new town) ☐ Address Change (within the same town) ☐ Name Change ☐ Party Enrollment Change

1b Are you a U.S. citizen? ☐ YES ☐ NO Will you be 18 on or before election day? ☐ YES ☐ NO If you checked "NO" to either of these questions, do not complete this form.

2 Name of Applicant
   Mr. Mrs. Miss Ms.
   Last Name
   First Name
   Middle Name or Initial
   Jr. Sr.
   II III IV

3 Date of Birth
   (Month Day Year)
   CT Driver's License Number
   (If none, last 4 digits of Soc. Sec. No.)

4 Address Where You Live
   No., Street, Apt. #
   Town
   Zip
   State Connecticut

6 If Different, Address Where You Get Your Mail (P.O. Box, etc.)

7 Telephone Number (optional)

8 Gender
   ☐ Male ☐ Female

9 Do you wish to enroll in a political party?
   ☐ YES, Name of party: ☐ Democratic ☐ Republican Other:
   ☐ NO. I do not wish to enroll in a party at this time.

Note: Declaring a party enables you to vote in that party's primary election, which is open only to party members. You may later choose to switch enrollment to or from a political party.

10 NAME or ADDRESS CHANGE. Previous Voting Address (If none; write "NONE")
   No., Street, Apt. #
   Town
   County
   State
   Name Under Which Registered (if different from above)

11 I swear or affirm that:
   • I am a U.S. Citizen
   • I live at the address shown in box 5 above
   • I am at least 17 years old
   • I have not been convicted of a disfranchising felony, or, if so, I am eligible to register to vote
   • The information provided here is true

Signature ____________________________

Today's Date: ___ / ___ / ___

12 Would you like to work at the Polls on Election Day?
   ☐ YES ☐ NO

NOTE: The particular social service office at which you register to vote, or whether you decline to register, remains confidential and will be used only for voter registration purposes.

WARNING: If you sign this statement even though you know it is untrue, you can be convicted and imprisoned for up to five years and fined up to $5,000.

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THIS SECTION COMPLETED ONLY BY AGENCY
(OR SPECIAL ASSISTANT REGISTRAR OR TOWN CLERK)
(Date Received by Agency)

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THIS SECTION COMPLETED ONLY BY REGISTRAR OF VOTERS

DATE RECEIVED BY REGISTRAR
APPLICATION IS HEREBY:
ACCEPTED REJECTED NOTICE RETURNED UNDELIVERABLE
DATE NOTICE MAILED
DATE ENROLLMENT EFFECTIVE IF CHANGING PARTY
REASON FOR REJECTION

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ED-671
REV. 9/15
(CGS §9-23g)