



Voter Registration Application

Use this form to register to vote in the District of Columbia, to let us know that your name or address has changed, to register with a political party, or to change your party registration.

To register to vote in the District of Columbia, you must:

- Be a United States citizen
- Be a resident of the District of Columbia
- Not claim voting residence outside the District of Columbia
- Be at least 16 years old
- Not be in jail for a felony conviction
- Not have been found by a court to be legally incompetent to vote

To vote in the District of Columbia, you must:

- Maintain residency for at least 30 days prior to the election in which you intend to vote
- Be at least 17 years old
- Be at least 18 years old by the next general election

To vote in a primary election, you must also:

- Be registered in that party at least 30 days prior to the election unless you are registering for the first time

Please complete all items on this form. You are not officially registered to vote until the Board of Elections and Ethics has approved this application. If you do not receive a voter registration card in the mail within three weeks of mailing this application, call 202-727-2525. If you are registering to vote in the District of Columbia for the first time and submit this application by mail or on Election Day, you may be required to provide identification at the polls showing your name and current address. Your mailed application must be postmarked by the 30th day preceding the next election. After that date, you can register to vote in person at 441 4th Street NW, Suite 250 North.

Questions? Call 202-727-2525 or 866-328-6837 or visit www.dcboee.org.

Información en español: Si le interesa obtener este formulario en español, llame al 202-727-2525.

Hearing impaired: For TDD assistance, call 202-639-8916.

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(Use a pen to complete this form)

1	Check one: Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked 'no', do not complete this form.		2	Reason for completing this form		Voter ID Number			
				<input type="checkbox"/> New Registration <input type="checkbox"/> Party Change <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change		Reg. Date	Clerk		
1a	Check one: Would you like information on serving as a poll worker for the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No								
3	Gender (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	Last Name	First Name		Middle Name	Suffix Jr. Sr. II III IV			
	Address Where You Live Circle One NE NW SE SW				Apartment Number	Zip Code			
4	Address Where You Get Your Mail (If different from #4)				Zip Code	E-mail address (Optional)			
5	Date of Birth		Daytime Phone Number (Optional)		DMV-issued ID Number		Last four digits of your Social Security Number		
6	7		8						
9	Party Registration – Check one box <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> D.C. Statehood Green Party <input type="checkbox"/> no party (independent) <input type="checkbox"/> other party (write name below)		PLEASE NOTE: To vote in a primary election in the District of Columbia, you must be registered with the Democratic, Republican or D.C. Statehood Green Party.		8a		<input type="checkbox"/> I have not been issued a Driver's License Number or a Social Security Number. Please assign me a number.		
					13		Voter Declaration— Read, Check and Sign below I swear or affirm that: <input type="checkbox"/> I am a U.S. citizen; <input type="checkbox"/> I live in the District of Columbia at the address (#4) above; <input type="checkbox"/> I am at least 16 years old. I am not in jail on a felony conviction, I have not been found by a court to be legally incompetent to vote and I do not claim voting residence outside of the District of Columbia. WARNING: If you sign this statement even though you know it is untrue, you can be convicted and fined up to \$10,000 and/or jailed for up to five years.		
10	Optional: If you have a disability that requires assistance with voting, please indicate type: _____								
11	What is your primary language if it is not English? _____								
12	Name and Address on Last Registration								
	(If outside D.C., include county and state)								
						Signature		Date	

Please complete and mail this voter registration application to:

**District of Columbia
Board of Elections and Ethics
441 4TH Street NW; Suite 250 North
Washington, DC 20001**

Wait! Make sure that you have:

- ✓ **Completed the entire application**
- ✓ **Provided your full name, address and date of birth**
- ✓ **Provided your DMV-issued identification number or the last four digits of your Social Security Number**
- ✓ **Checked each box in the voter declaration and signed and dated the application**
- ✓ **Registered with a political party if you plan to vote in primary elections**

If the information on your application is complete and you are qualified to vote in the District of Columbia, you will receive a voter registration card. If you do not receive confirmation within three weeks of mailing this application, please call 202-727-2525.

The registration-by-mail deadline is 30 days before the next election. If you miss this deadline, you may register in person at 441 4th Street, N.W., Suite 250 North or use our polling place locator at www.dcboee.org to find out where you can register to vote on Election Day.

Questions? Call 202-727-2525 or visit www.dcboee.org

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**District of Columbia
Board of Elections and Ethics**