

Pennsylvania Voter Registration Application

Print your name 1 Last name Cat Jr Sr II III IV (circle if applicable)
 First name Will Middle name or initial D.

Eligibility 2 Are you a citizen of the U.S.? Yes No
 Will you be 18 years or older on or before election day? Yes No

Reason 3 New registration Change of name Change of address
 Change of party Federal or State employee registering in county

About you 4 Birth date 02/03/1926 Sex M F Race (optional)
 Phone 610-519-4500 Email willcat@

Your address 5 Address (not P.O. Box) 800 E. Lancaster Ave. Apt Jake Nevin
 City/Town Villanova State PA Zip Code 19085
 Municipality Radnor County Delaware
 I do not have a street address or permanent residence (use map on back)

The address where you receive mail 6 Same as above Address or P.O. Box
 City/Town State Zip Code

Identification 7 PA driver's license or PennDOT ID card number 12345678
 Last four digits of your Social Security number 2345
 I do not have a PA driver's license or a PennDOT ID card or a Social Security number.

Political party 8 Democratic Republican Green Libertarian None (N/A)
 Other

Voting assistance 9 I require help to vote. I need this kind of assistance:
 I require language help. My preferred language is:

If your name or address has changed 10 Name on previous registration
 Full previous address and county
 PA Voter No. (if available) Year

I declare that:

- I am a United States citizen and will have been a citizen for at least one month on the day of the next election.
- I will be at least 18 years old on the day of the next election.
- I will have lived at the same address in Section 5 for at least 30 days before the election.
- I am legally qualified to vote.

I affirm that this information is true. I understand that this declaration is the same as an affidavit, and, if this information is not true, I can be convicted of perjury, and fined up to \$15,000, jailed up to seven years, or both.

Signature or mark

Print name
Today's date M / M / D / D / Y / Y / Y / Y

NEED HELP?
 Contact govrelations@villanova.edu
 for any assistance needed while filling out this form.

Help with this form 12 Name of assistant
 Address
 Phone
 Signature of assistant

WRITE RESIDENCE HALL NAME HERE
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MUST ENTER YOUR VU BOX NUMBER AND FULL MAILING ADDRESS HERE
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If you do not have a PA driver's license, write the last four digits of your social security number in this section.

