*OFFICE OF THE FSM NATIONAL ELECTION DIRECTOR*
*P.O. Box PS156*
*Palikir, Pohnpei, FM 96941*
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# VOTER REGISTRATION APPLICATION AND SWORN AFFIDAVIT

1. Purpose of Application:
   - ☐ Registration to vote for the first time
   - ☐ Re-registration to vote
   - ☐ Changing State and/or Election District of registration
   - ☐ Changing name of registration

2. Full Name: _____ _____ _____
   *First* *M.I.* *Last*

3. Date of Birth: _____ 5. Gender: ☐ Male ☐ Female

4. **Registration #.:** _____ **SS #.:** _____ **Hosp. #.** _____

5. Place of Registration: _____
   *Village* *Municipality* *ED #:* *State*

6. Mailing Address: _____
   *P. O. Box # or Street No.* *City/Village* *State* *Zip Code*

7. I have previously registered to vote in the FSM: ☐ Yes ☐ No
   If yes, please list prior place of registration (continue on back of page if more than one)

   _____
   *Village* *Municipality* *ED #* *State*

9. I am a citizen of the FSM: ☐ Yes ☐ No

10. I have resided in the State and Election District in which I wish to register since _____

11. I am currently under parole, probation or sentence for any felony for which I have been convicted by any court of the FSM: ☐ Yes ☐ No

12. I am currently under a judgment of mental incompetency or insanity: ☐ Yes ☐ No

## VOTER REGISTRATION AND IDENTIFICATION CARD:

**I hereby request to be issued Voter Identification Card in the above name.** ☐ **Yes** ☐ **No**

I solemnly swear, under penalty of perjury, that the foregoing information that I have provided on this application is true and correct.

← Applicant's Signature

_____
Date

Subscribed and sworn before me this _____ day of _____, _____
Month Year

_____ _____
Name of Election Official (please print) Signature of Election Official

*"Smooth and orderly elections"*