

OFFICE OF THE FSM NATIONAL ELECTION DIRECTOR P.O. Box 1685

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VOTER REGISTRATION APPLICATION and SWORN AFFIDAVIT

1.	Purpose of Application:	☐ Registra	Registration to vote for the first time			
		Re-regis	stration to vo	ote		
		or Election District	of registration			
	☐ Changing name of registration					
2	E IIN					
2.	Full Name:		<i>M.I.</i>	Las	t	
3.	Other Names:					
4.	Date of Birth:		5.	Gender: Male	Female	
6.	Current Place of Residence:		Municipality	ED #:	State	
7.	Mailing Address:					
			_		Code	
8.	8. 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					
	nnly swear, under penalty of ation is true and correct.	perjury, that the fo	oregoing inf	ormation that I have	provided on this	
Applicant's Signature Date						
Subscribed and sworn before me this day of,, Mo. year						
				Mo.	year	
Name	of Election Official (please p	rint)	Signature of	Election Official		
		For Official	Use Only			
Appli	cation Approved	Disapp	roved	By:		
Recorded in the GVRS on:				Ву:		
Notification provided by hand/mail on:				Ву:		
Voter	Registration Number:					