



OFFICE OF THE FSM NATIONAL ELECTION DIRECTOR
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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