

# State of Michigan Voter Registration Application and Michigan Driver License/Personal Identification Card Address Change Form

**1** answer

Are you a citizen of the United States of America? ☐ Yes ☐ No

Will you be 18 years of age on or before election day? ☐ Yes ☐ No

➤ If you checked "NO" in response to either of these questions, do NOT complete this form.

**2** complete application

Last Name

First Name

Middle Name

Address where you live —house number and street/road

Apt. No./Lot No.

City

Zip Code

Telephone *optional*

**MI**

If you do not have a house or street address, describe location where you live —cross streets or roads, landmarks, etc.

☐ City or ☐ Township where you live

County where you live

School District *if known*

Mailing Address *if different* ☐ For use on Driver License/Personal ID and Voter Registration ☐ For use on Voter Registration only

Date of Birth

☐ Male ☐ Female

ID Number *check applicable box and provide appropriate number*

☐ I have a state issued driver license or personal ID card # \_\_\_\_\_ State: \_\_\_\_\_

☐ I do not have a state issued driver license or personal ID card. The last four digits of my Social Security Number are \_\_\_\_\_

☐ I do not have a state issued driver license, a state issued personal ID card or a Social Security Number.

*An ID number will be assigned to you for voter registration purposes.*

Are you still registered to vote at your last address? ☐ Yes ☐ No ☐ Don't Know *If "Yes" or "Don't Know" enter previous address*

Previous Street Address

☐ City or ☐ Township of

County

State

Zip Code

Registered under name of *if different than above*

**3** read, sign and date

**I certify that:**

- I am a citizen of the United States.
- I am a resident of the State of Michigan and will be at least a 30-day resident of my city or township by election day.
- I will be at least 18 years of age by election day.
- I authorize cancellation of any previous registration.
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under federal or state laws.

X

Signature of Applicant

Date

X

Signature of Applicant

Date

**Sign and date both spaces provided above.**

BEFORE MAILING, REMOVE TAPE AND FOLD IN HALF TO SEAL CLOSED.

Place  
first-class  
postage  
stamp  
here

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clerk of**

\_\_\_\_\_  
County, City or Township

\_\_\_\_\_  
Address

\_\_\_\_\_  
**MI**

City

\_\_\_\_\_  
Zip Code