VIRGINIA VOTER REGISTRATION APPLICATION

1 ARE YOU A U. S. CITIZEN? ☐ YES ☐ NO ➤ *IF NO*, DO NOT FILL IN THIS FORM.

2	3	4	5
SOCIAL SECURITY NUMBER — —	GENDER [CIRCLE ONE] MALE FEMALE	DATE OF BIRTH MO____ DAY____ YEAR____	DAYTIME TELEPHONE NUMBER [ ]

6 LAST NAME [PRINT] FIRST NAME FULL MIDDLE OR MAIDEN NAME SUFFIX [JR, SR, III, ETC.]

7 HOME ADDRESS [IF RURAL ADDRESS, SEE ALSO BACK OF FORM] APT/UNIT/LOT/RM CITY OR TOWN ZIP CODE
HOUSE NO. & STREET OR RURAL ROUTE & BOX NO.

8 RESIDENCE P.O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLIES [INCLUDE ZIP CODE] ☐ ACTIVE/RET LAW ENFORCEMENT ☐ PROTECTIVE COURT ORDER

9 CONVICTION OF FELONY
- HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO
- IF *YES*, HAVE YOUR VOTING RIGHTS BEEN RESTORED? ☐ YES ☐ NO
- IF *YES*, WHEN RESTORED? [REQUIRED] MO____ DAY____ YEAR____

10 CIRCUIT COURT JUDGEMENT OF INCAPACITY
- HAVE YOU EVER BEEN JUDGED TO BE INCAPACITATED? ☐ YES ☐ NO
- IF *YES*, HAS COURT RESTORED YOU TO CAPACITY? ☐ YES ☐ NO
- IF *YES*, WHEN RESTORED? [REQUIRED] MO____ DAY____ YEAR____

11 REGISTRATION STATEMENT

I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR PERJURY, THAT:
- I AM A U. S. CITIZEN AND A RESIDENT OF VIRGINIA.
- THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE.
- I AUTHORIZE THE CANCELLATION, ENTERED BELOW IN BOX 12, OF MY CURRENT REGISTRATION.

↓ SIGN HERE ↓ [OR MARK, IF UNABLE TO SIGN] ↓ DATE ↓

IF APPLICANT IS UNABLE TO SIGN, WRITE BELOW THE NAME/ADDRESS OF PERSON WHO ASSISTED:

OFFICE USE

REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON

VA-NVRA-1 REV.1/98

Fold Here

12 **CANCELLATION OF CURRENT REGISTRATION**

- ARE YOU REGISTERED TO VOTE AT ANOTHER ADDRESS? ☐ YES ☐ NO
- IF *YES*, GIVE YOUR NAME AND THE ADDRESS WHERE YOU ARE NOW REGISTERED.

NAME _____

ADDRESS _____

CITY/TOWN _____ STATE _____

COUNTY OF RESIDENCE [IF APPLIES] _____

THIS CANCELLATION WILL BE SENT TO THE COUNTY OR CITY AND STATE YOU ENTER ABOVE. VIRGINIA-1

ELECTION DAY OFFICIALS NEEDED . . .

WHEN: ON ELECTION DAY

REQUIREMENTS . . .
- —HAVE ENERGY AND STAMINA
- —HAVE READING SKILLS AND CAN PRINT CLEARLY
- —ENJOY PEOPLE AND SERVICE TO OTHERS
- —WILLING TO ATTEND A TRAINING CLASS
- —WILLING TO ACCEPT A SMALL PAYMENT FOR A *BIG* SERVICE

WHERE: AT YOUR POLLING PLACE [OR ONE NEARBY]

YOU WILL BE HELPING TO . . .
- —SET UP THE POLLING ROOM BEFORE THE POLLS OPEN
- —SET UP THE VOTING EQUIPMENT
- —CHECK THAT PERSONS ARE QUALIFIED TO VOTE
- —CLOSE THE POLLING PLACE
- —COUNT THE VOTES AFTER THE POLLS CLOSE

☐ YES, I AM INTERESTED IN WORKING AS AN ELECTION OFFICIAL ON ELECTION DAY. PLEASE SEND ME INFORMATION.