



STATE OF CONNECTICUT MAIL-IN VOTER REGISTRATION

(Disponible en Español)



Feel the Power

Register and
VOTE

Office of Secretary of the State

■ YOU MAY USE THIS EASY FORM TO:

- register to vote in Connecticut
 - change your name and/or address on current registration
 - enroll in a political party or change party enrollment
- IMPORTANT! Keep your voter record up to date!**

■ TO REGISTER TO VOTE IN CONNECTICUT YOU MUST:

- be a United States citizen;
- be a resident of a Connecticut town;
- be at least 17 years old (you can vote when you turn 18);
- have completed sentence if previously convicted of a felony and have had your voting rights restored by Registrar.

■ IF YOU MOVE:

You must fill out a new voter registration card if you have moved to a new town. Also, use this form to change address within town. (See section 1 and section 10 below.)

■ QUESTIONS?

Call your local Registrar of Voters or the Elections Division of the Office of Secretary of the State at (800) 540-3764 or (860) 509-6100 (Hearing-impaired people with TDD, 800-303-3161)

■ MAIL-IN REGISTRATION INSTRUCTIONS

1. Fill in *all* boxes that apply to you on this application.
2. Place a first-class stamp on the application card, fold, and mail it to the town hall where you live (or deliver it to your town hall or a voter registration agency).
3. You are not a voter until your application is approved by the Registrar of Voters.
4. You should receive a confirmation within 3 weeks. If you do not, contact the Registrar in your town hall.

■ REGISTRATION DEADLINES FOR NEW VOTERS

PRIMARY: Your application must be postmarked by the 5th day before a primary (OR received by your Registrar of Voters or a voter registration agency by the 5th day before a primary). You may apply in person to your town clerk or registrar until 12:00 noon on the last business day before a primary.

ELECTION: Your application must be postmarked by the 14th day before an election (OR received by your Registrar of Voters or a voter registration agency by the 14th day before an election).

(FOLD)

(FOLD)

PLEASE USE PEN - PRINT CLEARLY

1 Check Boxes that Apply: <input type="checkbox"/> New Voter Registration (includes move to a new town)		<input type="checkbox"/> Address Change (within same town)		<input type="checkbox"/> Name Change		<input type="checkbox"/> Party Enrollment Change	
2 Name of Applicant Last Name		First Name		Middle Name		Jr. Sr. II III IV	
3 Date of Birth (Month / Day / Year)		4 Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		5 Address Where You Live (No., Street, Apt. #)		Town, Zip (CONNECTICUT)	
6 If Different, Address Where You Get Your Mail (P.O. Box, etc.)				7 Telephone Number (optional) ()		8 Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
9 Do you wish to enroll in a political party? <input type="checkbox"/> YES. Name of party _____ <input type="checkbox"/> NO, I do not wish to enroll in a party at this time.		11 I swear or affirm that: •I am a U.S. Citizen •I live at the address shown in Box 5 above •I am at least 17 years old •I have not been convicted of a felony, or if so, my voting rights have been restored •The information provided here is true					
10 NAME or ADDRESS CHANGE		Previous Voting Address (if none, write "NONE") No. Street Town County State		Name Under Which Registered (if different than above)		12 Would you like to work at the Polls on Election Day? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NOTE: The particular office at which you register to vote, or whether you decline to register, remain confidential and will be used only for voter registration purposes.				WARNING: If you sign this statement even though you know it is untrue, you can be convicted and imprisoned for up to five years and fined up to \$5,000.			

Note: Declaring a party enables you to vote in that party's primary election, which is open only to party members. You may later choose to switch enrollment to or from a political party.

Signature _____ Today's Date: ____/____/____

BELOW COMPLETED ONLY BY AGENCY (OR SPECIAL ASSISTANT REGISTRAR OR TOWN CLERK) (Date Received by Agency)		BELOW COMPLETED ONLY BY REGISTRAR OF VOTERS			
DATE RECEIVED BY REGISTRAR		REGISTRAR INITIAL		APPLICATION IS HEREBY:	
				<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
				NOTICE RETURNED UNDELIVERABLE	
DATE ENROLLMENT EFFECTIVE IF CHANGING PARTY		REASON FOR REJECTION			