

REGISTER TO VOTE BY MAIL:

Instructions:

1. Fill out the attached form (scroll down)
2. Write in the last four digits of your social security number next to your last name on the form.
3. Make a photocopy of one form of ID that shows your current address:
 - Driver's License
 - Current Utility Bill
 - Bank Statement
 - Paycheck
4. Mail or hand-deliver your completed form and attachments to:

Registrar of Voters
5 Haven Road
Pomfret Center, CT 06259



STATE OF CONNECTICUT MAIL-IN VOTER REGISTRATION

(Disponible en Español)

ED-671

REV. 9/06

(CGS §9-23g)

■ 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 (Changing parties may result in losing rights in all parties for 3 months)

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 (**must turn 18 before election day**); see section 1b below
- have completed confinement and parole if previously convicted of a felony.

■ 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 1a and section 10 below)

■ QUESTIONS?

Call your local Registrar of Voters or the Secretary of the State at (800) 540-3764 or (860) 509-6100 (TDD, 800-303-3161)

■ 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 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.
5. If (1) you submit this form by mail and (2) you are registering for the first time in town, you may wish to submit with this application your driver's license number or if none, the last four digits of your social security number; or (a) a copy of a current and valid photo I.D. or (b) a copy of a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address, in order to avoid additional I.D. requirements the first time you vote.

■ 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 or received by a voter registration agency by the **14th day before an election** (OR you may register in person with your Registrar of Voters by the **7th day before an election**).

FOLD ----- PLEASE USE PEN - PRINT CLEARLY ----- FOLD

1a Check Boxes that Apply:		<input type="checkbox"/> New Voter Registration <small>(Includes move to a new town)</small>	<input type="checkbox"/> Address Change <small>(within the same town)</small>	<input type="checkbox"/> Name Change	<input type="checkbox"/> Party Enrollment Change
1b Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Will you be 18 on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO		If you checked "NO" to either of these questions, do not complete this form.	
2 Name of Applicant		Last Name		First Name	
Mr. Mrs. Miss Ms.				Middle Name or Initial	
Jr. Sr. II III IV					
3 Date of Birth <small>(Month Day Year)</small>		4 CT Driver's License Number <small>(If none, last 4 digits of Soc. Sec. No.)</small>		5 Address Where You Live	
				No., Street, Apt. # _____ Town _____ Zip _____ State 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: __Republican __Democratic Other: _____ <input type="checkbox"/> NO. I do not wish to enroll in a party at this time.				10 NAME or ADDRESS CHANGE. Previous Voting Address (If none; write "NONE") No, Street, Apt # _____ Town _____ County _____ State _____	
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.				Name Under Which Registered (if different from above)	
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 disfranchising felony, or if so, I have been released from confinement and, if applicable, parole • The information provided here is true Signature _____ Today's Date: ____/____/____				12 Would you like to work at the Polls on Election Day? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NOTE: The particular social service office at which you register to vote, or whether you decline to register, remains 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.	
THIS SECTION COMPLETED ONLY BY AGENCY (OR SPECIAL ASSISTANT REGISTRAR OR TOWN CLERK) <small>(Date Received by Agency)</small>		THIS SECTION COMPLETED ONLY BY REGISTRAR OF VOTERS			
DATE RECEIVED BY REGISTRAR		REGISTRAR INITIAL	APPLICATION IS HERE BY:		DATE NOTICE MAILED
			<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> NOTICE RETURNED UNDELIVERABLE		
DATE ENROLLMENT EFFECTIVE IF CHANGING PARTY		REASON FOR REJECTION			