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Instructions: After completing both sides of form, remove tape above to expose adhesive, fold sheet in half and press ends together to seal for mailing

SOUTH		LINA V			RATIO	N SOUTH	H CAROL N COMMIS	.114/1	Registration N	umber	
Will you be		age on or lesponse to e	before elec	erica? Yes tion day? Yes ese questions,	O No O	_		or Move from Change within			
NAME	Last	First						MI Suffix			
SEX	Male Female	RACE Black/African Nat White American Asian Hispanic Amer				Native Other Specif		SOCIAL SECURITY NUMBER *			
ADDRESS WHERE YOU LIVE (Physical Address)		Street				Apt Nun	Apt Number		Inside City Limits Yes □ No □		
		City			State	Zip Code	Would you like to be a poll worker? Yes □ No □				
MAILING ADDRESS (If Different from Above)		Street or Post Office Box									
		City					State Z				
BIRTHDATE		Month	Day	Year		PHONE #	Home (Work			
PREVIOUS REGISTRATION/ NAME		Precinct		County	County			Previous Name			
		Any previous registration in another South Carolina county will be automatically cancelled upon acceptance of this application. Any other jurisdictions indicated above will be notified of your registration in South Carolina.									
current utility not provide disabilities, rare exempt fi * Social Secretary be accepted.	y bill, bank sta this identifica members of the from this require urity Number (atement, partion now, ye U.S. Uniforment. (SSN) is required for integral of the content of the	ycheck or o you will be brimed Servi Check her uired by the ternal purpo	ther governmen required to pr ces or Merchan re if you are excess. S.C. Code § 7-	t document to ovide it before the Marines and empt.	hat shows your ore voting. Vot d their families, cations containi	name and adders who are as and U.S. Citiz	alid photo ID OF ress in this coun ge 65 and over, zens residing out t four digits of you individual. You	ty. If you do voters with side the U.S.	Attach ID Here	
I, do solemnl	tration Oath y swear (or af and am a resi	firm) that I	am a citizen		tates and that	t on the date of t	the next ensuing	g election, I will	have attained	the age of	
further swear	r (or affirm) th	at the prese	nt residence	address listed h	nerein is my s		of residence, th	at I claim no oth	er place as my	legal	
further swear onviction of	r (or affirm) th a crime; and I	at I am not have never	under a cou	rt order declaring ted of a felony of	g me mentall	ly incompetent;	I am not confir	ned in any public		ng from a	
								e penalty for the			
								VOT		OV	

Signature

Date of Application

For Voter Registration Board Use Only

Approved Disapproved by (Member, Voter Registration Board) Date

SEC FRM 1300 202305