Minnesota Voter Registration Application

Apply online at mnvotes.org, or complete lines 1 through 8 of this form. Please print clearly.

Personal Information & Qualifications

1. Are you a U.S. citizen? Yes □ No □

2. Will you be at least 18 on or before the next election? Yes □ No □

If you mark “NO” to either of these questions, DO NOT complete this form.

3. last name or surname

4. address where you live (residence)

5. if mail cannot be delivered to the address above, provide P.O. Box

6. date of birth (not today’s date)

7. mark one box and provide the number that applies to you:
   □ I have a MN-issued driver’s license or MN ID card number: XXX-XX-_______
   □ I do not have a MN-issued driver’s license or MN ID card.
   □ I do not have a MN-issued driver’s license, a MN-issued ID card, or a Social Security Number.

Registration Updates - Are you currently registered under a different name or address?

previous last name

previous first name

previous middle name

previous address where you were last registered

Read And Sign Only If All Parts Apply To You.

8. I certify that I:
   • will be at least 18 years old on election day;
   • am a citizen of the United States;
   • will have resided in Minnesota for 20 days immediately preceding election day;
   • maintain residence at the address given on the registration form;
   • am not under court-ordered guardianship in which the court order revokes my right to vote;
   • have not been found by a court to be legally incompetent to vote;
   • have the right to vote because, if I have been convicted of a felony, my felony sentence has expired (been completed) or I have been discharged from my sentence; and
   • have read and understand this statement, that giving false information is a felony punishable by not more than 5 years imprisonment or a fine of not more than $10,000, or both.

sign here X __________________________ date: ______-_______-20_______
For more information on voting or state election results go to the Minnesota Secretary of State web site at www.sos.state.mn.us or call toll free 1-877-600-VOTE (1-877-600-8683) or use Minnesota Relay Service at 1-800-627-3529 or 711. Special assistance is available to those who are elderly, have disabilities, or are in health care facilities. Contact the Secretary of State or your County Auditor for more information.

Confidentiality Notice: Your exact date of birth, email address, and any ID number you give (Minnesota driver’s license, state ID or last four digits of social security number) are private. Only election officials and other authorized government agencies may access this information. Election officials use your exact date of birth and ID number to confirm your identity with the Minnesota Department of Public Safety or Social Security Administration. If you have an ID number but refuse to give it, your application may be incomplete and you may have to apply again or show proof of residence before you can vote. Election officials ask for your email so they can contact you about your application. Also, the Office of the Secretary of State may email you (or contact you another way) about voting and elections, or ask for public input on voting or election-related issues. The rest of the data on your application is public when used for elections, political, law enforcement or jury selection purposes. If you need to keep your contact data private because of personal safety concerns, call 1-877-600-8683.

Voucher Form

Use this form only if you are registering to vote with a voucher as your proof of residence.

I, ___________________________________________ swear or affirm that (Check one):

☐ I am pre-registered to vote in this precinct    ☐ I registered in this precinct today and did not have another person vouch for me

☐ I am an employee of a residential facility

(Name of residential facility)

Residential Address of Voucher or Address of Residential Facility

Street Address

City

Telephone number:  

E-mail address (optional)

I personally know that __________________________________ is a resident of this precinct.

(Name of person registering)

Signature of Voucher

Election Judge Official Use Only

Subscribed and sworn to before me

__/__/____

Date

Signature of Election Judge