



# INDIANA VOTER REGISTRATION APPLICATION

State Form 46965 (R10/12-05)

Indiana Election Commission

(VRG-11)

You can use this application to:

- Apply to register to vote in Indiana or
- Change your name and address on your voter registration record.

To register you must:

- Be a citizen of the United States;
- Be at least 18 years old on the day of the next general or municipal election;
- Have lived in your precinct for at least 30 days before the next election (except for certain military voters); and
- Not currently be imprisoned after being convicted of a crime.

If you move:

- You must transfer your registration whenever you move out of your precinct.
- You may use this application to transfer your registration. You may mail or hand deliver the completed application to your county registration office.

To complete this form:

**FILL IN ALL THE BOXES THAT APPLY TO YOU IN BLUE OR BLACK INK**

**Box 4: Residence Address** Type or print the address where you live (number, street, apartment number, city/town, and ZIP code). If your address is a rural route or star route, be sure to include the box number. If this address does not have a street number, draw a map in Box 15.

**Box 5: Mailing Address** If this address is the same as Box 4, just print "SAME" in this box.

**Box 6: Previous Voter Registration Address** If you have been registered previously, please list your most recent registration address.

**Boxes 8 and 9:** These questions are optional. Your application will be processed even if you do not answer these questions.

**Box 10: Identification Documentation** If you are registering to vote in Indiana for the first time and you are sending this application by mail, you must provide identification documentation. Identification may include a current and valid photo id, current utility bill, bank statement, government check, paycheck, or government document that shows the name and address of the voter. You may include a copy of your identification with this application. Do not mail an ORIGINAL copy of your document! If you do not provide identification with this application or to the county voter registration office before election day, you will be asked for it the first time you vote.

**Box 11:** If you check "no" in response to the question in Box 11, you may not complete this application.

**Box 12:** The question in Box 12 requires a person to be at least 18 years of age by the next general or municipal election. If you check "no" in response to the question in Box 12, you may not complete this application.

**Box 13: Voter Identification Number** In Box 13, you are required to provide your Indiana driver's license number as issued by the Indiana Bureau of Motor Vehicles. If you do not have an Indiana driver's license, provide the last four digits of your social security number. If you do not have an Indiana driver's license number, or a social security number, or a voter identification number will be assigned to you.

**Box 14:** If this is an application for a name change, provide your previous name in Box 14. If you have not changed your name, skip this question.

**Box 15:** Skip this question if the address where you live has a street name and number (such as 100 Maple Street). If you have a rural route or star route address, please draw a simple map that shows the nearest crossroads or street intersection and where your residence is located. If you do not live in a house or other building, please draw a map that shows where you usually sleep and the nearby streets.

**Box 16:** This application cannot be processed without the voter's original signature in this section. DO NOT FAX THIS FORM AFTER COMPLETING IT.

**Registration Deadlines:** In order to be processed for the next election, this application must be postmarked or hand delivered to your county voter registration office no later than 29 days before the next election. If your county registration office receives this application after that day, you will be unable to vote in the next election. If you miss this deadline, your registration application will be processed when registration reopens. Some military voters and their family members can register until noon on election day. Contact your county voter registration office for information if you may qualify to do so.

**Acknowledgment Notice:** You will be sent a notice from your county voter registration office that acknowledges receipt of your voter registration application. The notice informs you whether your registration application was approved by the county voter registration office. The notice may identify where you can vote. If your registration application is incomplete, you may be contacted and asked to provide additional information. If you have not received an acknowledgment notice within 30 days of filing this application you should contact your county voter registration office.

**Questions?** Call your county voter registration office or the Indiana Election Division for assistance.

**Indiana Election Division**  
 302 West Washington Street, Room E204  
 Indianapolis, Indiana 46204-2743  
 Telephone: 317-232-3939 or 800-622-4941  
[www.in.gov/sos/elections](http://www.in.gov/sos/elections)  
[elections@iec.state.in.us](mailto:elections@iec.state.in.us)

**Your County Office**  
 Vermillion County Clerk  
 P.O. Box 10  
 Newport, Indiana 47966  
 (765) 492-3500  
 1- 800 340-8155 Ext 111/113

Please Print in Blue or Black Ink

1	Check boxes that apply: <input type="checkbox"/> New registration <input type="checkbox"/> Address change (See Box 4) <input type="checkbox"/> Name change (See Box 14)	2	Indiana county where you live:	COUNTY USE ONLY	Date processed	Township/Precinct	County Tracking Number
3	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Last Name	First Name	Middle Name or Initial	Suffix Jr. Sr. II III IV		
4	Residence Address (No Post Office Boxes)		Apt. No.	City / Town	State IN	Zip Code	
5	Mailing Address, if different from Box 4, if same, print "SAME"		Apt. No.	City / Town	State	Zip Code	
6	Previous Voter Registration Address		County	Apt. No.	City / Town	State	Zip Code
7	Date of Birth (mm/dd/yy)	8	Telephone number (if available)	9	E-mail (if available)	10	Are you including identification documentation? (See instructions for Box 10 above.) <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	12	Will you be at least 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No	13	Voter Identification Number Provide your 10-digit Indiana issued driver's license number. If you do not possess an Indiana driver's license, then provide the last 4 digits of your social security number here. <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Social Security Number <input type="checkbox"/> None		
14	If you have changed your name, what was your name before you changed it? If you have not changed your name, skip this question.	Last Name	First Name	Middle Name or Initial	Suffix Jr. Sr. II III IV		
15	Map/Diagram: If your residence has no address, street number or name (such as 100 Maple Street), please draw a map showing where your residence is located, include roads and landmarks. Otherwise, skip this question. N W E S	16 I authorize my voter registration at any other address to be cancelled. I swear or affirm that: <ul style="list-style-type: none"> <li>• I am a citizen of the United States.</li> <li>• I will be at least 18 years of age at the next general or municipal election.</li> <li>• I will have lived in my precinct for at least 30 days before the next election.</li> <li>• I am not currently in prison after being convicted of a crime.</li> <li>• All the above information and all other statements on this form are true.</li> <li>• I understand that if I sign this statement knowing that it is not true I am committing perjury and can be fined up to \$10,000, jailed for up to three years or both.</li> </ul>					
Signature of Applicant			Date				
If applicant is unable to fill out the application due to disability, the person who helped the applicant with this application lists their name, address and telephone number in the box below. (Telephone number is optional.)							
Name		Address		City/Town		Telephone Number (optional)	