

# Wisconsin Voter Registration Application

Please complete legibly  
Additional instructions on reverse

Please return your completed form to  
your municipal clerk

**Qualifications**  
please check each box if **YOU:**

1 **If you cannot check every box, do NOT complete this form**

Are a citizen of the United States

Will be at least 18 years old on or before Election Day

Have resided at the address provided below for at least 28 consecutive days prior to the election and do not currently intend to move

Are not currently serving a sentence including incarceration, parole, probation, or extended supervision for a felony conviction

**Your Name**

2 Last \_\_\_\_\_ Suffix (Jr., II, etc.) \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

**About You**  
phone number and email are optional

3 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

**The Address Where You Live**  
your residential voting address, which cannot be a P.O. Box

4 Street Address \_\_\_\_\_ Apt/Room # \_\_\_\_\_

City/Town/Village of \_\_\_\_\_ WI Zip \_\_\_\_\_

Mailing Municipality (if different) \_\_\_\_\_

Are you military or permanent overseas voter?  Military  Permanent Overseas

if you do not have a street address, please use the map on the back of this form

**Your Mailing Address**  
if different from above

5 Street Address (or P.O. Box) \_\_\_\_\_

City/State/Country/Zip \_\_\_\_\_

**Prior Registration Information**  
complete this field if you are updating your registration due to a change in name or address

6 Full Name on Previous Registration \_\_\_\_\_

Full Address on Previous Registration (if known) \_\_\_\_\_

**Identification**  
check the box that applies to you)

7  I have an unexpired and valid WI Driver License or WI DOT issued ID. Provide number and expiration date below

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I do not have a valid WI Driver License or WI DOT issued ID

Provide the last four digits of your Social Security Number XXX-XX-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I have neither a valid WI Driver License/ID nor a Social Security Number (see back for more information and next steps)

**Proof of Residence**  
military and permanent overseas voters are not required to provide proof of residence

8  Voters must provide a proof of residence document when registering to vote. Please check this box to affirm that you are providing a copy of a valid form of proof of residence with this application

Examples include: a copy of a valid and unexpired Wisconsin Driver License or ID Card, a utility bill, a paycheck/pay stub, or correspondence from a unit of government (see back of application for additional information and examples)

**Signature and Certification**

9 By signing below, I hereby certify that, to the best of my knowledge, I am a **qualified elector**, having resided at the above residential address for at least 28 consecutive days immediately preceding this election, that I have no present intent to move, and I have not voted in this election. I also certify that I am not otherwise disqualified from voting and that all statements on this form are true and correct. If I have provided false information, I may be subject to fine or imprisonment under State and Federal laws

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Voter Signature Today's Date

Falsification of information on this form is punishable under Wisconsin law as a Class I felony

**Assistant**  
if someone assisted you by signing this form, they must complete this section

10 X \_\_\_\_\_

Assistant Signature Assistant Address

This Section for Official Use Only

Proof of Residence Type	WI DL	WI ID	UTIL	BANK/CC	PYCK	STDNT ID	GOV DOC	LSE	GOV ID	EMPL ID	RES CARE	TAX	HMLSS
Proof of Residence Issuing Entity					Proof of Residence #			Date Complete/POR Received			Election Day Voter Number		
WisVote ID # _____					<input type="checkbox"/> Submitted by Mail			X _____					
Confidential Elector ID # _____								Official's Signature					
Ward	Sch. District	Alder	Cty. Supr.	Ct. Of App.	Assembly	St. Senate	Congress						