

Idaho Voter Registration Form

1 Last Name <i>(Print clearly in black ink.)</i>	First Name	Middle Name	2 Enter Idaho Driver's License # <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> If no Idaho Driver's License, enter last 4 digits of Social Security # <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> I have not been issued an Idaho DL number or SSN. <input type="checkbox"/>		
WARNING: Any elector who supplies any information knowing it to be false is guilty of perjury which is punishable by imprisonment and a fine of up to \$50,000.					
3 Are you a citizen of the United States of America? Yes <input type="checkbox"/> No <input type="checkbox"/> Will you be at least 18 years of age on election day? Yes <input type="checkbox"/> No <input type="checkbox"/>			If you checked 'No' for either question, do not complete this form.		
5 Residence Address (Do not use PO Box or business address. If no street address, describe location of residence by cross streets, section, township, range, or other physical description.)					
6 Mailing address if different from above		City	County	Zip	
Address where previously registered					
City		State	Zip		
8 <input type="checkbox"/> Check box if name change		Previous Name	City	County	State
9 Do you have any legal disqualifications? Yes <input type="checkbox"/> No <input type="checkbox"/>			Idaho felon's rights are automatically restored upon completion of all sentencing conditions including probation or parole.		
UNDER PENALTY OF LAW: By signing this card, I certify that I am a citizen of the United States and that I shall have been a resident of Idaho and the county for 30 days before the next election at which I vote; that I am at least 18 years of age on election day; and I declare under oath or affirmation that the information supplied herein is true.				7 Political Party <i>(Select one):</i> <input type="checkbox"/> Constitution <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Unaffiliated - (No party preference)	
10 Signature - Sign on line below. X _____ Date of Signature _____ month \ _____ day \ _____ year				OFFICIAL USE ONLY Precinct _____ Clerk _____ Date _____	