



# VOTER REGISTRATION APPLICATION

Submitted by Mail (office use only)

CONF. ELECTOR ID #

SVRS ID #

### General Instructions: Please Review Fully

Please use uppercase (CAPITAL) letters only. Fill in arrows as appropriate. Return completed form to municipal clerk. This document can be made available in accessible formats to persons with disabilities, upon request. NOTE: If this is a change of address, then upon completion of this application, your voting rights will be cancelled at your previous address. If you are registering to vote in Wisconsin for the first time and submitting this application by mail, you must provide identification with this application. If you do not provide identification with this application, you will be asked for identification the first time that you vote. Please see instructions for a list of acceptable forms of identification.

- 1  New Voter
- Name Change
- WI Address

Municipality: **CITY OF GLENDALE**  
 County: **MILWAUKEE**

2 Wisconsin Driver License/ID Number: \_\_\_\_\_  I have neither a WI DOT-issued ID nor a Social Security Number

Social Security Number - Last Four Digits (if no license/ID number): **XXX-XX-████████**

3 Last Name: **HAYNES** Suffix (e.g. Jr., II, etc.): \_\_\_\_\_  
 First Name: **CLARENCE** Middle Initial: **S**  
 Date of Birth: ██████████

4 Current Residence Address: Street Number & Name: **7275 N. PORT WASHINGTON Rd**  
 Apt. Number: **1121** City: **GLENDALE**  
 State: **WI** Zip: **53217**

5 If Mailing Address is different than Residence Address:  
 Mailing Address: Street Number & Name: \_\_\_\_\_  
 Apt. Number: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

6 Previous Last Name: \_\_\_\_\_ Suffix (e.g. Jr., II, etc.): \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Residence Address: Street Number & Name: \_\_\_\_\_  
 7 Apt. Number: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

8 Please answer the following questions by filling in "Yes" or "No"  
 1. Are you a citizen of the United States of America?  Yes  No  
 2. Will you be 18 years of age on or before election?  Yes  No  
 If you filled in "No" in response to EITHER of these questions, do not complete this form.

9  I certify that I am a qualified elector, a U.S. citizen, at least 18 years old or will be at least 18 years old at the time of the next election, having resided at the above residential address for at least 10 days immediately preceding this election, with no present intent to move. I am not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. I certify 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. If completed on election day, I further certify that I have not voted at this election. (Please fill in arrow.)

10 Corroborating Witness/ Assistant Signature: **x** \_\_\_\_\_ Corroborating Witness/ Assistant Address: \_\_\_\_\_

11 Elector Telephone Number: **727-519-5912**  I am interested in being a pollworker.  
 Accommodation needed at poll location (e.g. wheelchair access): \_\_\_\_\_

12 If you do not have a street number, or if you have no address, please use the map to show where you live:  
 > Write the names of the crossroads (or streets) nearest to where you live. example: N ↑ \_\_\_\_\_  
 > Draw an "X" to show where you live. Woodchuck Road  
 > Use a dot to show any schools, churches, stores or other landmarks where you live and write the name of the landmark. High School: \_\_\_\_\_ X \_\_\_\_\_

Signature of Elector: **x** *Clarence Haynes* Date (mm/dd/yyyy): **4-5-11**  
 Election Day Voter #: \_\_\_\_\_

Proof of Residence ID: **Milwaukee ID ARMY Residence in paperwork** Proof #: \_\_\_\_\_  
 Official's Signature (election official or special registration deputy (with ID #))  
 office use only: Ward **9** Sch. Dist. **3** Alder. **3** City, Supr. \_\_\_\_\_ Ct. of App. \_\_\_\_\_ Assembly \_\_\_\_\_ St. Senate \_\_\_\_\_ Congress \_\_\_\_\_ Other \_\_\_\_\_ **x** *Steven Malm*

address 7275 N. PORT WASHINGTON Rd  
 phone 414-520-1000-56-0140