

COUNTY PRECINCT		MUNICIPAL PRECINCT		DISTRICT COMBO		DDS APPLICATION NO.		REGISTRATION NO.		CHANGE OF ADDRESS <input type="checkbox"/>		CHANGE OF NAME <input type="checkbox"/>		OTHER <input type="checkbox"/>																																		
<b>OFFICE USE ONLY</b>																																																
1	LAST NAME				FIRST NAME				MIDDLE OR MAIDEN NAME				SUFFIX <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V																																			
2	RESIDENCE ADDRESS: House No. and street name						APT NO.		CITY		COUNTY		STATE <b>GA.</b>		ZIP CODE																																	
3	MAILING ADDRESS (If different from residence address): Post-office box or route								CITY		STATE		ZIP CODE																																			
4	TELEPHONE NUMBER ( )		DATE OF BIRTH: MM/DD/YYYY		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>		RACE/ETHNICITY: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Other																																									
5	VALID GA. DRIVER'S LICENSE OR GA. I.D. NO. <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td></tr></table>																				If no GA. Driver's License or GA. I.D. No., must provide last 4 digits of your Social Security Number				FULL SOCIAL SECURITY NUMBER (OPTIONAL) Last 4 digits (Required) <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td></tr></table>																				Check if you do not have a GA Driver's License, GA. I.D. No. or Social Security No. <input type="checkbox"/>			
(Your answer is required under federal law)																																																
6	<p><b>I SWEAR OR AFFIRM:</b>          Are you a citizen of the United States of America: Check One Yes <input type="checkbox"/> No <input type="checkbox"/>          Will you be 18 years of age on or before election day? Check One Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>If you check "No" in response to either of these questions, do not complete this form.</b></p> <p><b>I SWEAR OR AFFIRM THAT:</b>          I reside at the address listed above.          I am eligible to vote in Georgia.          I am not serving a sentence for having been convicted of a felony involving moral turpitude.          I have not been judicially declared to be mentally incompetent.</p> <p>Date _____ <u>X</u> Signature _____ Signature of person helping illiterate or disabled voter _____</p>																																															
7	May we contact you about working as an Election Day poll officer? Yes <input type="checkbox"/> No <input type="checkbox"/> If you would like to receive additional information by email, please provide your email address: _____				CHANGE OF NAME: If you are changing your name, list the name under which you were previously registered: Last Name _____ Suffix _____ First _____ Middle or Maiden Name _____ CHANGE OF ADDRESS: If you are changing your address or if you were previously registered to vote, list your previous address: _____ CITY _____ COUNTY _____ STATE _____								Military Active Duty? Yes <input type="checkbox"/> No <input type="checkbox"/>																																			

VRA-Chg-08

For use for address change WITHIN Spalding County

For use for name change for voters already registered in Spalding County.

Mail completed form to:  
 Office of Elections & Voter Registration  
 P.O. Box 1087  
 Griffin, GA 30224