

Virginia Voter Registration Application

Use blue or black ink

Starred (*) items are required. If you do not complete all of the items that are marked with *, your application may be denied (See instructions on reverse side).

1.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO * I am a citizen of the United States of America.	* Full social security number IN 2 3 - 4 5 - 6 7 8 9 <input type="checkbox"/> No SSN was ever issued.	* Date of birth 0 1 / 0 2 / 1 9 9 9	* Gender Male
2.	* Last name Dog	Jr. Sr. II III IV (Circle if applicable)	* First name Duke	* Middle name <input checked="" type="checkbox"/> None
	* Residence address (May not be a P.O. Box) 800 S. Main St., Ashby Hall	Apt # Box 1234	* City/Town Harrisonburg	* ZIP 22807
	E-mail dogdx@dukes.jmu.edu	Phone 5 4 0 - 5 6 8 - 1 2 3 4		
3.	* Have you ever been convicted of a felony or judged mentally incapacitated and disqualified to vote? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, has your right to vote been restored? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4.	<input type="checkbox"/> I am an active-duty uniformed services member, spouse or dependent; or an overseas citizen. <input checked="" type="checkbox"/> I am providing a mailing address (below) because my residence address is not serviced by the U.S. Postal Service or I am homeless. ▶ I am providing a Virginia P.O. Box (below) to protect my residence address from public disclosure because: <input type="checkbox"/> I am an active or retired law enforcement officer, judge, U.S. or Virginia Attorney General attorney <input type="checkbox"/> I have a court issued protective order for my benefit <input type="checkbox"/> I have evidence of filing a complaint with law enforcement that either I or a household member is in fear for personal safety from another person who has threatened or stalked either me or a household member <input type="checkbox"/> I am a participant in the Virginia Attorney General's Address Confidentiality Program My mailing address (Complete only if you have checked a box in this section) Duke Dog 800 S. Main St. P.O. Box 1234 Harrisonburg, VA 22807			
5.	<input type="checkbox"/> I am currently registered to vote in another state: _____. (Indicate state of previous registration)			
6.	<input type="checkbox"/> I am interested in being an Officer of Election (poll worker) on Election Day. Please send me information.			
7.	AFFIRMATION: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.			
	* Signature Duke Dog	Today's date: 1 0 / 1 6 / 2 0 1 7		
	<input type="checkbox"/> By checking this box, I affirm both that I am an individual with physical disabilities and the Affirmation Statement above. Pursuant to Article II, § 2 of the Constitution of Virginia, individuals with physical disabilities are not required to sign the application for voter registrations.			

* Virginia Voter Registration Application Receipt

The application collector must submit your completed application within 10 days or by the deadline to register for the next election, whichever comes first. You can check your voter registration status online at elections.virginia.gov/register. If you do not receive confirmation of your voter registration status within 30 days, contact your local voter registrar or the Virginia Department of Elections.

James Madison University
DukesVote
MSC 7808
Harrisonburg, VA 22807

Name, phone and e-mail of office, group or individual receiving application

10 / 16 / 2017
Date application received

Thank you for applying to vote in Virginia!