



# STATE OF CONNECTICUT MAIL-IN VOTER REGISTRATION

(Disponible en Español)



Office of Secretary of the State

**■ YOU MAY USE THIS EASY FORM TO:**

- register to vote in Connecticut
  - change your name and/or address on current registration
  - enroll in a political party or change party enrollment
- IMPORTANT! Keep your voter record up to date!**

**■ TO REGISTER TO VOTE IN CONNECTICUT YOU MUST:**

- be a United States citizen;
- be a resident of a Connecticut town;
- be at least 17 years old (you can vote when you turn 18);
- have completed sentence if previously convicted of a felony and have had your voting rights restored by Registrar.

**■ IF YOU MOVE:**

You must fill out a new voter registration card if you have moved to a new town. Also, use this form to change address within town. (See section 1 and section 11 below.)

**■ QUESTIONS?**

Call your local Registrar of Voters or the Elections Division of the Office of Secretary of the State at **(800) 540-3764** or **(860) 509-6100**  
(Hearing-impaired people with TDD, 800-303-3161)

**■ MAIL-IN REGISTRATION INSTRUCTIONS**

1. Fill in *all* boxes that apply to you on this application.
2. Place a first-class stamp on the application card, fold, and mail it to the town hall where you live (or deliver it to your town hall or a voter registration agency).
3. **You are not a voter until your application is approved by the Registrar of Voters.**
4. You should receive a confirmation within 3 weeks. If you do not, contact the Registrar in your town hall.

**■ VOTER REGISTRATION DEADLINES**

**PRIMARY:** Your application **must be postmarked by the 5th day before a primary** (OR received by your Registrar of Voters or a voter registration agency by the 5th day before a primary). You may apply in person to your town clerk or registrar until 12:00 noon on the last business day before a primary.

**ELECTION:** Your application **must be postmarked by the 14th day before an election** (OR received by your Registrar of Voters or a voter registration agency by the 14th day before an election).

(FOLD) ----- PLEASE USE PEN - PRINT CLEARLY ----- (FOLD)

<p><b>1 Check Boxes that Apply:</b> <input type="checkbox"/> <b>New Voter Registration</b> <small>(includes move to a new town)</small> <input type="checkbox"/> <b>Address Change</b> <small>(within same town)</small> <input type="checkbox"/> <b>Name Change</b> <input type="checkbox"/> <b>Party Enrollment Change</b></p>												
<p><b>2 Name of Applicant</b> Last Name</p> <p>Mr. Mrs. Miss Ms.</p>		<p>First Name</p>			<p>Middle Name</p>			<p>Jr. Sr. II III IV</p>				
<p><b>3 Date of Birth</b> (Month/Day/Year) / /</p>		<p><b>4 Are you a U.S. Citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p><b>5 Address Where You Live</b> (No., Street, Apt. #)</p>			<p>Town, Zip (CONNECTICUT)</p>					
<p><b>6 If Different, Address Where You Get Your Mail</b> (P.O. Box, etc.)</p>						<p><b>7 Telephone Number</b> (optional) ( )</p>		<p><b>8 Gender</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p>				
<p><b>9 Do you wish to enroll in a political party?</b> <input type="checkbox"/> YES. Name of party _____ <input type="checkbox"/> NO, I do not wish to enroll in a party at this time. <i>Note: Declaring a party enables you to vote in that party's primary election, which is open only to party members. You may later choose to switch enrollment to or from a political party.</i></p>				<p><b>10 Social Security Number (Voluntary):</b> _____ <i>(Voluntary under CGS §9-23g. For use by election officials and the jury administration in preparing accurate lists, but no official may disclose it to the public.)</i></p>			<p><b>12 I swear or affirm that:</b> • I am a U.S. Citizen • I live at the address shown in Box 5 above • I am at least 17 years old • I have not been convicted of a felony, or if so, my voting rights have been restored • The information provided here is true</p> <p>Signature _____</p> <p>Today's Date: / /</p>					
<p><b>11 NAME or ADDRESS CHANGE</b></p>		<p>Previous Voting Address (if none, write "NONE") No. Street Town County State</p>			<p>Name Under Which Registered (if different from above)</p>							
<p><b>NOTE:</b> The particular office at which you register to vote, or whether you decline to register, remain confidential and will be used only for voter registration purposes.</p>						<p><b>WARNING:</b> If you sign this statement even though you know it is untrue, you can be convicted and imprisoned for up to five years and fined up to \$5,000.</p>						
<p><b>BELOW COMPLETED ONLY BY AGENCY (OR SPECIAL ASSISTANT REGISTRAR OR TOWN CLERK)</b> (Date Received by Agency)</p>						<p><b>BELOW COMPLETED ONLY BY REGISTRAR OF VOTERS</b></p>						
DATE RECEIVED BY REGISTRAR		REGISTRAR INITIAL		APPLICATION IS HEREBY:				DATE NOTICE MAILED				
				<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> NOTICE RETURNED UNDELIVERABLE								
DATE ENROLLMENT EFFECTIVE IF CHANGING PARTY						REASON FOR REJECTION						