OFFICE OF THE FSM NATIONAL ELECTION DIRECTOR
P.O. Box 1685
Kolonia, Pohnpei, FM 96941
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VOTER REGISTRATION APPLICATION and SWORN AFFIDAVIT

1. Purpose of Application:
   - ☐ Registration to vote for the first time
   - ☐ Re-registration to vote
   - ☐ Changing State and/or Election District of registration
   - ☐ Changing name of registration

2. Full Name: _____ _____ _____
   First *M.I.* *Last*

3. Other Names: _____

4. Date of Birth: _____ 5. Gender: ☐ Male ☐ Female

6. Current Place of Residence: _____
   Village *Municipality* *ED #:* *State*

7. Mailing Address: _____
   P. O. Box # or Street No. *City/Village* *State* *Zip Code*

8. I have previously registered to vote in the FSM: ☐ Yes ☐ No
   If yes, please list prior place of registration (continue on back of page if more than one)

   _____
   Village *Municipality* *ED #* *State*

9. I am a citizen of the FSM: ☐ Yes ☐ No

10. I have resided in the State and Election District in which I wish to register since _____

11. I am currently under parole, probation or sentence for any felony for which I have been convicted by any court of the FSM: ☐ Yes ☐ No

12. I am currently under a judgment of mental incompetency or insanity: ☐ Yes ☐ No

I solemnly swear, under penalty of perjury, that the foregoing information that I have provided on this application is true and correct.

_____ _____
Applicant's Signature Date

Subscribed and sworn before me this _____ day of _____, _____
Mo. year

_____ _____
Name of Election Official (please print) Signature of Election Official

For Official Use Only

Application Approved Disapproved By: _____

Recorded in the GVRS on: _____ By: _____

Notification provided by hand/mail on: _____ By: _____

Voter Registration Number: _____

"Smooth and orderly elections"