PLEASE PRINT OR TYPE IN BLUE OR BLACK INK

1 Check boxes that apply: ☐ new registration ☐ party affiliation change ☐ resident address change ☐ name change ☐ Notice of Registration cancel previous registration

For County Clerk and Recorder Use Only

2 Last Name | First Name | Middle Initial | Suffix

3 Residence Address (NO P.O. BOXES) | Apt No. | City / Town | County: El Paso | Zip Code

4 Mailing Address, If different from above | Zip Code

5 Date of Birth

6 Gender ☐ Male ☐ Female

7 Social Security Number (optional)

8 Home Telephone Number (optional) (719) 000-0000

9 Are you a U.S. citizen? ☐ native born ☐ naturalized

10 If previously registered, what name were you registered under if different from above.

11 Your previous address was (give house number, street, and city) | In county / state

12 Party Enrollment - Check one box only

☐ DEMOCRATIC
☐ REPUBLICAN
☐ UNAFFILIATED
☐ OTHER (specify below)

_____

Please note: In order to vote in a **primary election**, you must be registered with either the Democratic or Republican Party.

13 ☐ Yes, I would like to be an election judge (optional)

14

"WARNING:
IT IS A CRIME:
To answer or affirm falsely as to your qualifications to register to vote."

SELF-AFFIRMATION: I do solemnly affirm that I am a citizen of the United States and that on the date of the next election I shall have attained the age of eighteen years and shall have resided in the state of Colorado at least thirty days and in my present precinct at least thirty days before the election. I further affirm that the present address I listed herein is my sole legal place of residence and I claim no other place as my legal residence.

_____ Elector's Signature or Mark (if unable to write)

_____ Date