Wyoming Voter Registration Application & Change Form									
						County # Precinct Split			
						ouse Senate Ward			
■ Name Change			Mullic	лранту	V	varu			
Name and Date of Birth									
Legal	Legal			Legal			Suffix		
Last Name	First Name			Middle Name					
Date of Birth	County Resident Since								
	's number if you hold a valid M	Vyoming	g Driver's	License					
Valid Wyoming Driver's License Number:									
☐ Mark here only if you do not 2a. Social Security Number Last four die	ot have a valid Wyoming Drive gits are required if you do not				iransa				
Social Security Number	giis are required ii you do not	nave a	vanu vvyc	nning Driver 3 L	1001130				
☐ Mark here only if y	ou do not hav e a valid Wyon	ning Dri	ver's Lice	nse or a Socia	l Security	Number.			
	•								
3. Personal Information * Denotes optional information			C!L.				7!		
Gender* Male Wyoming Residence Address (No P.O. Box Numbers)			City				Zip		
Address Where You			Mailing			State	Zip		
Get Your Mail			City						
Phone* Are you interested in be				eing an E	lection Judge?	* Yes	S No		
E-mail* Do you need assistan					ee to vote?* Yes No				
4 Political Party			1						
4. Political Party Choose one of the following	Republican Dem	ocratic		Libertarian	ПС	onstitution	Unat	filiated	
critical of the following		iocialic		Libertarian		JIISHIGHOH		illiated	
5. Changes to Current Wyoming Voter Registration									
Former Wyoming Residence Street Address	City	WY C	3		State	State Wyoming		Zip	
Former	Former			ormer		Suffix	/		
Last Name	First Name					liddle Name			
5a. Withdrawal of Voter Registration from Ar	nother State Residence add	lress in	prior Stat	e					
Street Address	City	County			State		Zip		
	uired on all applications.								
I do solemnly swear (or affirm) that I am a citizer									
I will be at least eighteen (18) years of age on or									
currently adjudicated a mentally incompetent pe my civil or voting rights restored by a competent									
best knowledge and belief.	admonty, and that the vote	or regis	oli alion ii	normation co	intairicu i	iciciii is ti uc	and accu	rate to my	
Sign your legal name in full									
☐ Proof of Identification Shown Type of Iden	ntification								
Subscribed and affirmed or sworn to before me by									
(name of applicant) on						(application date)			
					Title				
Signature & Title of Registry Agent or person authorized to administer oaths									