



THE TOWN OF LAUREL VOTER APPLICATION



PLEASE PRINT

Last Name		First Name		Middle Name or Initial	Suffix
Street Address		Apt. No.	City	Zip	Telephone No.
Mailing Address _____ If Different _____ Then Above: _____			Have you previously registered? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Previous Name: _____		
			Previous Address: _____ _____		
I, hereby swear or affirm that I am a citizen of the United States, and have been a citizen of the Town of Laurel, Delaware since _____ And that I am a permanent resident of the Town of Laurel at the address given above, that I am or will be 18 years of age on or before Election Day and all information given above that was provided by me is true and correct to the best of me is true and correct to the best of my knowledge.					
Signature of Applicant: _____			Date: _____		
FOR OFFICE USE ONLY:					
Signature of Town Representative: _____			Date: _____		
Date Application Recorded in Voter Registration Book: _____			By: _____		

PLEASE NOTE WHEN RETURNING THIS FORM, IT MUST BE SIGNED AND A PROOF OF ADDRESS MUST BE SUBMITTED WITH THE COMPLETED AND SIGNED FORM.