

Colorado – Combination Voter Registration & Mail-In Ballot Application

Instructions:

- PRINT clearly using black ink
- READ the important information on the reverse side
- SIGN this form and return it to your County Clerk

For County Clerk and Recorder Use Only

VOTER INFORMATION: Required fields must be completed.

Are you a citizen of the United States? (Required) <input type="checkbox"/> YES <input type="checkbox"/> NO If you checked "NO" to this question, DO NOT COMPLETE THIS FORM.	Will you be 18 years of age on or before Election Day? (Required) <input type="checkbox"/> YES <input type="checkbox"/> NO If you checked "NO" to this question, DO NOT COMPLETE THIS FORM.
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Last Name (Required)	First Name (Required)	Middle Name	Suffix (Jr., III)	Previous Name of Applicant (If Applicable)	
Colorado Legal Residence Street Address (Required – No P.O. Boxes)		Apt/Unit #	City/Town (Required)	Zip (Required)	County
Mailing Address or P.O. Box (Required if different from address above)		Apt/Unit #	City/Town (Required)	State (Required)	Zip (Required)
Date of Birth (Required) MM / DD / YYYY	Gender (Required) <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number (Including Area Code) () - -	Party Affiliation: (Required to vote in a party's Primary Election) <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> American Constitution <input type="checkbox"/> Green <input type="checkbox"/> Gun Owner's Rights <input type="checkbox"/> Libertarian <input type="checkbox"/> Pro Life <input type="checkbox"/> Reform <input type="checkbox"/> Unaffiliated		

IDENTIFICATION (Required)
DO NOT LEAVE THIS SECTION BLANK

Pursuant to Federal Law, your completed voter registration form must contain your State of Colorado Driver's License Number or your Dept. of Revenue Identification Number. If you do not have a Driver's License or Dept. of Revenue Identification Number, then you must provide the last four digits of your Social Security Number. If you do not have a Driver's License Number, a Dept. of Revenue Identification Number, or a Social Security Number, you must check the appropriate boxes. A unique identifying number will be assigned to you by the State and you will still be registered to vote.

NOTE: If the identification section is left blank and you do not check the boxes indicating you do not have identification, you will not be registered to vote.

_____ OR _____

Colorado Driver's License Number Department of Revenue ID Number

I do not have a Colorado Driver's License or Dept. of Revenue Identification Number.

OR

If you do not have a Colorado Driver's License, or a Department of Revenue Identification Number, then provide at least the last four digits of your Social Security Number.

Social Security Number

I do not have a Social Security Number.

PREVIOUS RESIDENCE: Complete only if you are registered to vote at a different legal residential address.

OLD Residential Street Address (No PO Boxes)	On what date did you, or will you, begin living at your new address? MM / DD / YYYY
City/Town State Zip	

PERMANENT MAIL-IN BALLOT LIST: Place a (✓) in the box to be added or removed from the list. (Optional)

<input type="checkbox"/> Add my name to the list	<i>Address to mail your Permanent Mail-In Ballot(s) to - If different than your mailing or residential address</i>
<input type="checkbox"/> Remove my name from the list	Street Address Apt/Unit # City/Town State Zip Code

CURRENT YEAR MAIL-IN BALLOT LIST: Place a (✓) in the box to request a Mail-In Ballot for that election. (Optional)

<input type="checkbox"/> August Primary Election Only	<i>Address to mail your August Primary Election Ballot(s) to - If different than your mailing or residential address</i>
<input type="checkbox"/> November Election Only	<i>Address to mail your November Election Ballot(s) to - If different than your mailing or residential address</i>
	Street Address Apt/Unit # City/Town State Zip Code

READ, SIGN AND DATE:

By completing and signing this Voter Registration Application, you are affirming the following information:

(a) You intend to claim the present address as your sole legal place of residence and, in so doing, abandon claim to any other legal residence. (b) You are aware that, if you are a resident of this state for voting purposes, you are also a resident of this state for motor vehicle registration and operation purposes and for income tax purposes. (c) You cannot legally vote in more than one place in any election. (d) You are aware that a violation of the self-affirmation, of which you are about to make, is a criminal act under the laws of this state and you will be subject to the penalties provided by law.

WARNING: It is a crime to swear 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 30 days and in my present precinct at least 30 days before the election. I further affirm that the present address I listed herein is my sole legal place of residence and that I claim no other place as my legal residence.

Under Colorado law, your Mail-In Ballot Application must contain your printed name, signature, residence address, mailing address if you wish to receive the ballot by mail, and date of birth. If you do not provide all of this information, you may not receive a Mail-In Ballot according to the rules established by the Secretary of State. C.R.S. 1-8-104

<h2 style="text-align: center; background-color: #008000; color: white; padding: 5px;">Signature or Mark (Required)</h2> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"> X </div> <p style="margin-top: 5px;">Signature (Required) Date (Required)</p> <p><input type="checkbox"/> Yes, I want to be an Election Judge (Optional)</p>	<h3 style="text-align: center; margin-top: 0;">Witness Signature (Optional)</h3> <p style="font-size: 0.8em; text-align: center;">The Mail-In Ballot Application must be personally signed by the applicant; or, in case of the applicant's inability to sign, the applicant's mark must be witnessed by another person.</p> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"> X </div> <p style="margin-top: 5px;">Witness Signature (Optional) Date</p>
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