

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

<b>1. Are you a U.S. citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>2. Will you be at least 18 years of age on or before the next general election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered NO to either of the questions, do not complete this form.
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3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)		Apt. or Lot #	5. City or Post Office
7. Additional Rural or Mailing Address (if necessary)			6. Zip Code
9. Birthdate (MO - DAY - YR)		10. Ohio driver's license No. OR last 4 digits of Social Security No. (required)	8. County where you live
			11. Phone No. (voluntary)

<b>12. ADDRESS CHANGE ONLY - PREVIOUS ADDRESS</b>		
Previous House Number and Street		
Previous City or Post Office		State
<b>13. CHANGE OF NAME ONLY</b>		Former Signature
Former Legal Name		

I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and I will be at least 18 years of age at the time of the general election.

**14. Signature of Applicant →**

Date      /      /       
 MO      DAY      YR

FOR BOARD USE ONLY SEC4010 (Rev. 3/05)
City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

15. I declare under penalty of election falsification that for compensation I provided a registration form to the applicant, assisted the applicant in completing this form, or returned this form to an appropriate public office for processing, and that I am employed for this purpose by \_\_\_\_\_  
 (Print name of employer of person registering applicant)

**Signature of Person Registering Applicant** \_\_\_\_\_ Date      /      /       
 MO      DAY      YR