TOWN OF FRANKFORD VOTER APPICTION

PRINT WITH BALL POINT PEN OR TYPE **NOTE: ALL INFORMATION MUST BE COMPLETED AS REQUIRED BY LAW.**

LAST NAME	FIRST NAME OR INITIAL	MIDDLE NAME OR INITIAL	HOUSE/APT. NO	STREET	PHONE NO.

SOCIAL SECURITY NUMBER	DATE OF APPLICATION	DATE OF BIRTH			SEX	HEIGHT		COLOR HAIR	COLOR EYES	BIRTHPLACE (STATE OR COUNTRY ONLY)
		MONTH	DAY	YEAR		FT.	IN.			

IF APPLICANT HAS LIVED ELSEWHERE

1. HAVE YOU COMPLETELY ABANDONED YOUR FORMER RESIDENCE AS YOUR HOME? ☐ YES ☐ NO
2. DO YOU REGARD THE ADDRESS ON THIS APPLICATION AS YOUR PERMANENT HOME WITH NO PRESENT INTENTION OF MOVING PRIOR TO THE NEXT GENERAL ELECTION? ☐ YES ☐ NO

HAVE YOU REGISTERED TO VOTE ANYWHERE? ☐ YES ☐ NO

UNDER WHAT NAME _____

PRIOR ADDRESS _____

I RESIDE WITHIN THE LIMITS OF THE TOWN OF FRANKFORD

THE FOREGOING STATEMENTS ARE TRUE

SIGNATURE OF APPLICANT FOR REGISTRATION

REMARKS

FOR OFFICE USE ONLY

YEAR	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
SPECIAL ELECTION																		
REFERENDUM																		
GENERAL ELECTION																		
OTHER																		

ADDRESS CHANGES							
DATE	HOUSE NO.	STREET	DEV. OR APT. NO.	POST OFFICE	ELEC. DIST	REPR. DIST	COUNTY

CANCELLATION OF REGISTRATION		
DATE	REASON FOR CANCELLATION	SIGNATURE OF RECORDER OF CANCELLATION