TOWN OF FRANKFORD VOTER APPLICATION

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	BIRTH PLACE (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	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
SPECIAL ELECTION																		
REFERENDUM																		
GENERAL ELECTION																		
OTHER																		