

MICHIGAN REGISTRATION MASTER CARD
(Approved by Director of Elections, State of Michigan)

(Revised 1996)

GOVERNMENTAL BUSINESS SYSTEMS
ML-M413

REGISTRATION AFFIDAVIT

MALE FEMALE

DATE OF BIRTH _____

STATE OF MICHIGAN _____

County of _____

City of _____

Village of _____

Township of _____

School Dist _____

I hereby swear or affirm that the statements made herein are true. I am a citizen of the United States. I am a resident of the township, city or village for which this application is made. On _____, 20____, I will be at least 18 years of age and will have lived in the State of Michigan and township, city or village for which application is made for at least 30 days. On that date I will be a qualified elector of such township, city or village.

I was last registered in _____

NAME OF CITY OR TOWNSHIP _____ STATE _____

X _____ SIGNATURE OF APPLICANT

HIS OR HER
MARK

LAST NAME (PRINT) _____

FIRST AND MIDDLE NAME OR INITIALS _____

HOUSE NO. _____

RESIDENCE STREET _____

WARD _____

PCT. _____

DATE _____

DRIVER LICENSE NO. / PERSONAL IDENTIFICATION NO. _____

TELEPHONE NUMBER (OPTIONAL) _____

SCHOOL DIST. NO. _____

CAUSE _____

SIG CANCELLATION CLERK _____

REINSTATEMENT DATE _____

REASON FOR REINSTATEMENT _____

SIG REINSTATEMENT CLERK _____

TRANSFERRED TO NEW ADDRESS

HOUSE NO. _____

RESIDENCE STREET _____

DATE OF TRANSFER _____

WARD _____

PCT. _____

VOTING RECORD
ELECTION DATE STAMPS

LAST NAME (PRINT) _____

FIRST AND MIDDLE NAME OR INITIALS _____

HOUSE NO. _____

RESIDENCE STREET _____

WARD _____

PCT. _____