Wyoming Voter Registration Applica	tion & Change Form								
 New Voter Application □ Change to Current Registration □ Name Change 			VR #		County # _		Colit		
					Precinct Split _ House Senate				
				ipality					
Name and Date of Birth									
Legal	Legal			Legal			Suffix		
Last Name	First Name			Middle Name					
Date of Birth	County Resident Since								
Wyoming Driver's License You must provide the Valid Wyoming Driver's License Number:	is number if you hold a valid W	lyoming D	Driver's	License				-2005	
Mark here only if you do not be a social Security Number Last four do Social Security Number Last four do not be a social Security Number	ot have a valid Wyoming Drive igits are required if you do not i				icense			12 S 14 12	
•	you do not have a valid Wyom	nina Drivei	r's Lice	nse or a Social	Security	Number			
		y Dilvei		u ooolal	Journey	. turribur.			
3. Personal Information * Denotes optional information			`itu				7in		
Gender* Male Wyoming Residence Address (No P.O. Box Numbers)			City				Zip		
Address Where You			Mailing			State	Zip		
Get Your Mail			City						
Phone*			Are you interested in being an Election Judge?* ☐ Yes ☐ No					s No	
E-mail*			Do you need assistance to vote? *						
4. Political Party									
Choose one of the following	☐ Republican ☐ Dem	ocratic		Libertarian	☐ Co	nstitution	☐ Unat	filiated	
5. Changes to Current Wyoming Voter Registration Former Wyoming Residence City WY 0			County Sta			ate Zip			
Street Address	J Sity	Wirodu				Vyoming			
Former Last Name	Former First Name			Former Middle Name			Suffix		
5a. Withdrawal of Voter Registration from A	nother State Residence add	lress in pri	ior Stat	e					
Street Address	City	County			State	State			
6. Registration Oath and Acknowledgement Req	uired on all applications.	ona fido r	ocidon	t of the state of	Myomino	and this or	ounts: that if r	ogistored in	
another county or state, I hereby request that my reg									
am not currently adjudicated a mentally incompetent	person; that I have not been c	onvicted o	of a felo	ony, or if I have	been con	victed of a	felony, I have	had my civil	
or voting rights restored by a competent authority; ar belief.	nd that the voter registration inf	ormation	contain	ed herein is tru	e and acc	curate to my	/ best knowle	dge and	
Sign your legal name in full)								
☐ Proof of Identification Shown Type of Ide	entification								
Subscribed and affirmed or sworn to before me	by .								
(name of applicant) on						(application date)			
Signature & Title of Positive Assert or	•				Title				
Signature & Title of Registry Agent or person authorized to administer oaths	•								