



Wisconsin Voter Registration Application

Submitted by Mail
(Official Use Only)

Confidential Elector ID#
(HINDY - sequential #) (Official Use Only)

SVRS ID #
(Official Use Only)

Instructions Instructions for completion are on the back of this form. Return this form to your municipal clerk, unless directed otherwise.

- Please use uppercase (CAPITAL) letters only. Fill in circles as appropriate.
- If you are not a military or permanent overseas elector, you must provide a copy of your proof of residence (see reverse) with this application.
- NOTE: If this is a change of address, then upon completion of this application your voting rights will be cancelled at your previous residence.

1 New WI Voter Name Change Address Change

Municipality Town Village City **Madison**

County **Dane**

2 WI Driver License or WI DOT-issued ID (Required if current and valid) * **[REDACTED]** Expiration Date **11/9/24**

Social Security Number - Last Four Digits (if driver license or state ID not issued or not current and valid) * **XXX-XX-**

I have neither a WI Driver License/ ID nor a Social Security Number.

3 **Current**

Last Name * **Godlewski** First Name * **Sarah**

Middle Name * **Ann** Suffix (e.g. Jr, II, etc.) Phone #

Date of Birth (MM/YYYY) * **[REDACTED]** Email Address

If you are a military or permanent overseas elector, fill in the appropriate circle (see instructions for definitions): Military Permanent Overseas

4 Residence Address: Street Number & Name * **117 S. Hamilton St** **53703**

Apt. Number * **C02** City * **Madison** State & ZIP * **WI 53703**

5 Mailing Address: Street Number & Name

Apt. Number City State & ZIP

6 **Previous**

Last Name **Godlewski** First Name **Sarah**

Middle Name Suffix (e.g. Jr, II, etc.)

7 Previous Address: Street Number & Name **1024 Cummins Ct**

Apt. Number City * **Sau Claire** State & ZIP * **WI 54701**

8 Accommodation needed at poll location (e.g. wheelchair access): I am interested in being a poll worker.

If you do not have a street number or address, use the map to show where you live.

- Mark crossroads
- 'X' where you live
- Use dots for landmarks

Example:

9 Please answer the following questions by filling in "Yes" or "No":

1. Are you a citizen of the United States of America? * Yes No

2. Will you be 18 years of age or older on or before election day? * Yes No

If you filled in "No" in response to EITHER of these questions, do not complete this form.

10 I hereby certify, to the best of my knowledge, that I am a qualified elector, a U.S. citizen, at least 18 years old or will be at least 18 years old at the time of the next election, having resided at the above residential address for at least 28 consecutive days immediately preceding this election, with no present intent to move. I am not currently serving a sentence including incarceration, parole, probation, or extended supervision for a felony conviction, and not otherwise disqualified from voting. I certify that all statements on this form are true and correct. If I have provided false information I may be subject to fine or imprisonment under State and Federal laws. **If completed on Election Day:** I further certify that I have not voted in this election. Please sign below to acknowledge that you have read and understand the above.

11 Elector Signature: * **[Signature]** Today's Date (MM/YYYY) * **4/3/2018**

Proof of Residence type (Official use only) **What: R** Proof of Residence Issuing Entity (Official use only) **Who: Urban Hand Int.**

Proof of Residence # (Official use only) **4 or 2: (NA)** Election Day Voter # (Official use only) **0116**



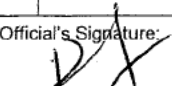
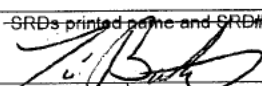
Falsification of information on this form is punishable under Wisconsin law as a Class I felony.

12 Assistant Signature: Assistant Address:

Official Signature: **[Signature]** Date complete & POR received: **4/3/2018** SRDs printed name and SRD#:

Ward **52** Sch. Dist. Alder City. Supr. Cl. of App. Assembly St. Senate Congress

✓
✓
OR

		<h1 style="margin: 0;">Wisconsin Voter Registration Application</h1>				<input type="radio"/> Submitted by Mail <small>(Official Use Only)</small>		
Confidential Elector ID# <small>(HINDI - sequential #) (Office Use Only)</small>		WisVote ID # <small>(Office Use Only)</small>						
Instructions	Instructions for completion are on the back of this form. Return this form to your municipal clerk, unless directed otherwise.							
	 Proof of Residence (see reverse) must accompany this application unless you are a military or permanent overseas voter. If this is a change of address, upon completion of this application your voting rights will be cancelled at your previous residence. Please print your information clearly and legibly. Fill in circles as applicable.							
1	<input type="radio"/> New WI Voter <input type="radio"/> Name Change <input type="radio"/> Address Change		Municipality <input type="radio"/> Town <input type="radio"/> Village <input checked="" type="radio"/> City Madison					
	County Dane							
2	WI Driver License or WI DOT-issued ID # [REDACTED] *				Expiration Date 11/09/24		<input type="radio"/> I have neither a WI Driver License/ ID nor a Social Security Number.	
	Social Security Number - Last Four Digits (Req. if driver license or state ID is not issued, has expired, or has been cancelled) XXX-XX- [REDACTED] *							
3	Last Name * GODLEWSKI			First Name * Sarah				
	Middle Name * Ann		Suffix (e.g. Jr, II, etc.)		Phone #			
	Date of Birth (M/D/YYYY) * [REDACTED]		Email Address					
	If you are a military or permanent overseas elector, fill in the appropriate circle (see instructions for definitions) <input type="radio"/> Military <input type="radio"/> Permanent Overseas							
	Residence Address: Street Number & Name * 1064 Sherman Ave							
4	Apt. Number *		City * Madison			State & ZIP * Wd 53703		
	Mailing Address: Street Number & Name							
5	Apt. Number		City			State & ZIP		
	Last Name							
6	Middle Name			Suffix (e.g. Jr, II, etc.)				
	Previous Address: Street Number & Name							
7	Apt. Number		City * Madison			State & ZIP * Wd 53703		
	Accommodation needed at poll location (e.g. wheelchair access):				If you do not have a street number or address, use the map to show where you live.			
8	<input type="radio"/> I am interested in being a poll worker.				<input checked="" type="checkbox"/> Mark crossroads <input type="checkbox"/> Example <input checked="" type="checkbox"/> 'X' where you live <input type="checkbox"/> High School <input type="checkbox"/> Library <input type="checkbox"/> Marmot Road			
9	Please answer the following questions by filling in "Yes" or "No"							
	1. Are you a citizen of the United States of America? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				2. Will you be 18 years of age or older on or before the first election at which you will offer to vote? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If you filled in "No" in response to EITHER of these questions, do <u>not</u> complete this form.
10	I hereby certify, to the best of my knowledge, that I am a qualified elector, a U.S. citizen, at least 18 years old or will be at least 18 years old at the time of the first election at which I will offer to vote, having resided at the above residential address for at least 10 consecutive days immediately preceding this election, with no present intent to move. I am not currently serving a sentence including incarceration, parole, probation, or extended supervision for a felony conviction, and not otherwise disqualified from voting. I certify that all statements on this form are true and correct. If I have provided false information I may be subject to fine or imprisonment under State and Federal laws. If completed on Election Day: I further certify that I have not voted in this election. Please sign below to acknowledge that you have read and understand the above.							
	Elector Signature * Sarah Godlewski		Today's Date * 2/18/19		Proof of Residence Type (Official use only) What: T		Proof of Residence Issuing Entity (Official use only) Who: State of WI	
11	<input checked="" type="checkbox"/>		Proof of Residence # (Official Use Only) 4 or 2: [REDACTED]		Election Day Voter # (Official Use Only) 0269 <input checked="" type="checkbox"/>			
	Falsification of information on this form is punishable under Wisconsin law as a Class I felony.							
12	Assistant Signature:			Assistant Address:				
Official's Signature: 		Date Complete & POR Received 1/1		SRBs printed name and SRD#		2nd Official's Signature: 		
Ward 45	Sch District	Alder	Ctv Suor	Ct of Aop	Assembly	St Senate	Congress	