

VOTER CERT. #	PRINT NAME	PRINT MAILING ADDRESS	CONTACT INFORMATION
	First: M.I.: Last:	Address: City: Zip:	Home phone: () Off. Phone: () Driver Lic. #: E-mail:
	Is address on voter reg. Certicate the same as the above mailing address: YES () NO ()		
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	Is address on voter reg. Certicate the same as the above mailing address: YES () NO ()		

Return white and yellow copy to County Chairman. Retain pink copy for your records.