

For office use only ↓

Polling Place	Date	Pct	Ward	School	House	Senate	Reg. #			
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TO REGISTER: All items, except where noted, must be completed to register to vote.

Under federal and/or state law, all electors must present ID when voting.

1. Are you a citizen of the United States of America? Yes No*
2. Will you be 18 years of age on or before election day? Yes No*
3. Will you be a Montana resident for at least 30 days before the next election? Yes No*

***Note:** If you checked "No" in response to any of these questions, **do not complete this form.**

4. MONTANA DRIVER'S LICENSE # _____

You **MUST** provide your MT driver's license number, if you have a MT driver's license.

If you do not have a MT driver's license, list the last four digits of your Social Security number on the line above. (If you have neither a MT driver's license nor a Social Security number, provide (in person) or enclose (by mail) a copy of one of the following: any photo ID with your name; OR a current utility bill, bank statement, paycheck, government check, or other government document that shows your name and current address.)

5. Email Address (optional) _____

6. NAME

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(Please print) Last

First

Middle

7. COUNTY _____

10. TELEPHONE NUMBER _____

8. ADDRESS WHERE YOU LIVE *

* Precinct is determined by address where you live.

11. DATE OF BIRTH ____ / ____ / ____
Month Day Year

12. PRINT FORMER NAME (if changed) _____

(Street, City, Zip OR Sec. Twp. & Range)

13. PLACE LAST REGISTERED _____

9. MAILING ADDRESS (if different than #8) _____

CITY

COUNTY

STATE

14. VOTER DECLARATION (Read and sign below)

I swear/affirm that: a) I am a U.S. citizen; b) I will be at least 18 years old on or before the next election; c) I will have resided in this county for at least 30 days before the next election (unless I am exempt under [13-2-514\(2\), MCA](#)); d) I am neither in a penal institution for a felony conviction or found of unsound mind by a court; e) If I do not now meet these qualifications, I will by the next election; and f) I have provided true information, to the best of my knowledge under penalty of perjury. If I have given false information, I may be subject to a fine or imprisonment or both under Federal or State laws.

15. SIGNATURE _____ DATE _____

MONTANA - Election Administrators - Area Code 406

NAME	COUNTY	ADDRESS	CITY/STATE/ZIP	PHONE	FAX	E-MAIL
Debbie Scott	Beaverhead	2 S Pacific St No 3	Dillon MT 59725	683-3720	683-3781	dscott@co.beaverhead.mt.us
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CLERK AND RECORDERS ONLY

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