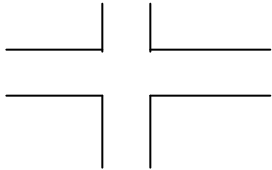


1 CHECK APPLICABLE BOX NEW REGISTRATION NAME CHANGE REQUEST ADDRESS CHANGE	Official Use Only Reg Type ____ Wd/Dist ____ Pct ____ In ____ Out ____ Comp Reg # _____
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2. NAME OF APPLICANT (PLEASE PRINT)	GIVE LOCATION 
LAST _____ FIRST _____ MIDDLE OR MAIDEN _____	

3. RESIDENCE ADDRESS (Must be address where you claim homestead exemption, if any)			
House or Apt No and Street (if Rural, Route & Box No.) _____	City or Town _____	State _____	Zip _____
Mailing Address if different _____			

4. AGE	5. DATE OF BIRTH	6. *SOCIAL SECURITY NO.	7. SEX (Choose One)	8. * RACE / ETHNIC ORIGIN (Choose One)
	MONTH _____ DAY _____ YEAR _____		MALE _____ FEMALE _____	WHITE _____ BLACK _____ ASIAN _____ HISPANIC _____ AMERICAN INDIAN _____ OTHER _____

9. PARTY AFFILIATION (Choose One)	10. APPLICANT'S PLACE OF BIRTH	11. * DAYTIME PHONE
DEM _____ REP _____ REFORM PARTY _____ NONE _____ OTHER (specify) _____	CITY OR TOWN _____ PARISH OR COUNTY _____ STATE _____ COUNTRY _____	()

12 * HOME PHONE	13. FORMER RESIDENCE AND REGISTRATION ADDRESS	14. MOTHER'S MAIDEN NAME
()	ADDRESS _____ PARISH OR COUNTY _____ STATE _____	

15. FORMER REGISTERED NAME, IF APPLICABLE	16. Will you require assistance at the polls? (Choose one) yes no Give reason: _____
--	--

17. If you are unable to sign your name, two witnesses to your mark must sign here:	
Signature _____	Signature _____

AFFIRMATION: I do hereby solemnly swear or affirm that I am a citizen of the United States, a bona fide resident of this state and parish, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of interdiction for mental incompetence, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$1,000 (\$2,500 for subsequent offense) or imprisonment for not more than 1 year (5 years for subsequent offense) or both.

18. SIGN YOUR NAME IN BOX AT RIGHT Date: ____/____/____

* **Optional**