INDIANA VOTER REGISTRATION APPLICATION
State Form 50504 (RFS12-05)
Indiana Election Commission

You can use this application to:
- Apply to register to vote in Indiana;
- Change your name and address on your voter registration record.

To register you must:
- Be a citizen of the United States;
- Be at least 18 years old on the day of the next general or municipal election;
- Have lived in your precinct for at least 30 days before the next election (except for certain military voters); and
- Not currently be imprisoned after being convicted of a crime.

If you move:
- You must transfer your registration whenever you move out of your precinct.
- You must use this application to transfer your registration. You may mail or hand deliver the completed application to your county registration office.

To complete this form:

**FILL IN ALL THE BOXES THAT APPLY TO YOU IN BLUE OR BLACK INK***

Box 4: Residence Address Type or print the address where you live (number, street, apartment number, city/town, and ZIP code). If your address is a rural route or rural route, be sure to include the box number. If this address does not have a street number, draw a map in Box 15.

Box 5: Mailing Address if this address is the same as Box 4, just print "SAME" in this box. If you have been registered previously, please list your most recent registration address.

Boxes 8 and 9: These questions are optional. Your application will be processed even if you do not answer these questions.

Box 10: Identification Documentation. If you are registering to vote in Indiana for the first time and you are sending this application by mail, you must provide identification documentation. Identification may include a current and valid photo ID, current utility bill, bank statement, government check, paycheck, or government document that shows the name and address of the voter. You may include a copy of your identification with this application. Do not attach an ORIGINAL copy of your document if you do not provide identification with this application or to the county voter registration office before election day. You will be asked to provide this document for the first time you vote.

Box 11: If you check "no" in response to the question in Box 11, you may not complete this application.

Box 12: The question in Box 12 requires a person to be at least 18 years of age by the next general or municipal election. If you check "no" in response to the question in Box 12, you may not complete this application.

If Not Typed, Please Print in Blue or Black Ink

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**LEGEND**

- New registration
- Address change (See Box 9)
- Name change (See Box 14)
- County
- Use only
- Date processed
- Township/Province
- County Voting Machine

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**INFORMATION**

- First Name
- Middle Name or Initial
- Last Name
- Suffix
- Jr., Sr., III, IV

- Apl. No.
- City/Town
- State
- Zip Code
- IN

- Apl. No.
- City/Town
- State
- Zip Code

- County
- Apl. No.
- City/Town
- State
- Zip Code

- Date of Birth (month/day)
- Telephone number (if available)
- E-mail (if available)
- Are you including identification documentation? (See instructions for Box 10 above)
- Yes
- No

- Are you a citizen of the United States of America?
- Yes
- No

- Will you be at least 18 years of age by the next general or municipal election?
- Yes
- No

- Provide your 12-digit Indiana driver's license number. If you do not have an Indiana driver's license, then provide the last 4 digits of your social security number here.
- Driver's License Number
- Social Security Number
- None

- If you have changed your name, what was your name before you changed it? If you have not changed your name, skip this question.
- Last Name
- Given Name or Initial
- Suffix
- Jr., Sr., III, IV

- I authorize my voter registration at any other address to be canceled, I swear or affirm that:
  - I am a citizen of the United States;
  - I will file at least 18 years of age by the next general or municipal election;
  - I will have lived in my precinct for at least 30 days before the next election;
  - I am not currently in prison after being convicted of a crime.
  - All the above information and other statements on this form are true.
  - I understand that if I sign this statement knowing that it is false, I am committing perjury and can be fined up to $10,000, jail for up to three years or both.

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**SIGNATURE**

- Signature of Applicant
- Date

- If applicant is unable to fill out this application due to disability, the person who helped the applicant with this application (like their name, address and telephone number in the box below). (Telephone number is optional)
- Name
- Address
- City/Town
- Telephone Number (optional)