INSTRUCTIONS

Already registered in Michigan?
Update your address quickly and easily at ExpressSOS.com.

Complete this form to register to vote or update your registration information.

- Please print all information clearly using black or blue pen.
- Sign the form.
 - Mail or drop off the form to your city/township clerk.

Find your city/township clerk and more information at mi.gov/vote.

Name changes must be completed at an SOS branch office.



This registration will be in effect for the next election if postmarked or delivered no later than 15 days before election day and you have met all the qualifications to register to vote.



After the 15 day deadline and on Election Day, you may register to vote by bringing this form and residency verification to your city/township clerk.

If a voter possesses a Michigan driver license (DL) or personal ID (PID), Michigan law requires the same address be used for voter registration and DL/PID purposes. Use of this form will also change your DL/PID address. The Secretary of State will mail you a new address sticker for your DL/PID.

VOTER REGISTRATION RECEIPT

(If no voter ID card is received within 3 weeks, contact the clerk.)

Last Name

Address where you live – house number and street / road

Address where you live – house number and street / road

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You applied for registration for the Twp. Of

Signature of Officer Accepting Registration

Date

State of Michigan Voter Registration Application and Michigan Driver License/Personal Identification Card Address Change Form Qualifications Are you a citizen of the United States of America? Will you be at least 18 years of age on or before election day? Yes No If you are not a US citizen, do NOT complete this form Michigan Driver License/State Personal ID # If you do not have a Michigan driver license or personal ID card, provide the last four digits of your Social Security number: XXXX-XX-

I do not have a valid Michigan issued driver license, a Michigan personal ID card, or a Social Security number.

Personal Information * required information

Last Name*	First*		Middle	Suffix
Date of Birth*		☐ Male	Female	
			MI	
Address where you live - House	number and Street/Road*	Apt/Lot # City	/*	Zip
()				
Phone	Email			
Mailing Address (if different th	an residential address)			
City		State	Zip	

SIGNATURE

I certify that:

- I am a citizen of the United States.
- I am a resident of the State of Michigan and will be at least a 30-day resident of my city or township by election day.
- I will be at least 18 years of age by election day.
- I authorize the cancellation of any previous registration.

The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under federal or state laws.



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