1 CITIZEN OF THE UNITED STATES? (MARK ONE) ◯ YES ◯ NO	Official Use Only Reg Type ____ Wd/Dist ____ Pct ____ In ____ Out ____ Comp Reg #

2. NAME OF APPLICANT (PLEASE PRINT)			GIVE LOCATION
LAST	FIRST	MIDDLE OR MAIDEN (FULL)	

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 (Mark One)	8. * * RACE / ETHNIC ORIGIN (Mark One)
	MONTH	DAY	YEAR		◯ MALE ◯ FEMALE	◯ WHITE ◯ BLACK ◯ ASIAN ◯ HISPANIC ◯ AMER. INDIAN ◯ OTHER _____

9. PARTY AFFILIATION (Mark One)	10. APPLICANT'S PLACE OF BIRTH	11. * * DAYTIME PHONE
◯ DEM ◯ REP ◯ 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. LA DRIVERS'S LIC #	16. FORMER REGISTERED NAME, IF APPLICABLE	17. Assistance needed at polls? (Mark one) ◯ YES ◯ NO Give reason:

18. 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 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. Any false statement may constitute perjury.

19.
SIGN YOUR NAME IN BOX AT RIGHT

Date: ____/____/____

* Last 4 #s required if no license issued; full # OPTIONAL

**** Optional**