



Confederate States of America - Voter Registration Application

(please use pen and print clearly)

<input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change			For Official Use Only			
			Voter Registration Number:			
Last Name:		First Name:		Middle Name:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Address Where You Live (House No., Street, Apt, Or Rural Route And Box – NO PO BOXES)			City:	State:	Zip Code:	
Address Where You Get Your Mail (If Different From Above)			City:	State:	Zip Code:	
Date Of Birth (Required)		Are you a citizen of a state within The Confederate States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you Be 18 years of age on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No I Hereby certify that I am a citizen one of the states making up the Confederate States of America. That I am at least seventeen and one half age. I swear under penalty of perjury that all statements made on this card and true to the best of my knowledge and belief.			Date: Signature:	
Daytime Phone Number (Optional)						