INFORMATION VOTER REGISTRATION APPLICATION
(State Form 50504 (R16 / 3-19)
Indiana Election Division

You can use this application to: Apply to register to vote in Indiana or change your name and address on your record or transfer your registration if you move out of your precinct.

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; and not currently be imprisoned after being convicted of a crime.

If you are registering to vote in Indiana for the first time, and send this application by mail, you must provide additional residence documentation before voting. If the county is able to match your driver's license number or social security number with an existing Indiana identification record bearing the same number, name and date of birth you provide on the application, you have met the requirement. You can also meet this requirement by submitting proof of residence with this application or anytime up until election day. Proof of residence can be met by submitting either: (1) A COPY of your current and valid photo identification or (2) a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address at the address you provided on this application. Please do not send originals. Cover any account information with a permanent marker.

FILL IN ALL APPLICABLE BOXES IN BLUE OR BLACK INK. DO NOT FAX OR EMAIL FORM AFTER COMPLETING IT.

Mail or hand deliver the completed application to your county registration office (addresses on reverse side) or the Indiana Election Division.

Box 4: Residence Address Print the address where you live. If your address is a rural route, include the box number. If your residence has no address or street number, write a short description of its location in Box 4 or attach a map.

Boxes 10 or 11: If you check "No" in response to either question in Boxes 10 or 11, do not complete this application.

Box 12: Voter Identification Number: You are required to provide your Indiana driver's license number as issued by the Indiana Bureau of Motor Vehicles. If you do not have an Indiana driver's license, provide the last four digits of your social security number. If you do not have an Indiana driver's license number, or a social security number, you must indicate "None".

Box 14: This application cannot be processed without the voter's original signature in this section.

Registration Deadline: This application must be postmarked or hand delivered to your county voter registration office no later than 29 days before the next election. If you miss this deadline, your application will be processed when registration reopens.

Box 15: If you or the Indiana Election Division do not file this application with the county voter registration office, the person who accepts custody of the application (with the exception of a member of the same household) must complete this certification before filing the application with the county voter registration office or the Indiana Election Division by noon 10 days after receipt or the registration deadline, whichever occurs first.

Acknowledgement Notice: You will be sent a notice from your county voter registration office acknowledging receipt of your application. The notice informs you whether your application was approved by the county voter registration office. If your application is incomplete, you will be asked to provide additional information. If you do not receive a notice within 30 days of filing this application, contact your county voter registration office.

Indiana Election Division
302 West Washington Street, Room E204
Indianapolis, IN 46204-2743
Telephone: (317) 232-3393
Toll-free (Indiana only): (800) 622-4941
www.in.gov/soelelections

APPLICANT'S RECEIPT FROM INDIVIDUAL ACCEPTING CUSTODY OF A COMPLETED VOTER REGISTRATION FORM
(not a receipt from the county for voter registration purposes)

NOTE: If you accept a completed form from another person, in order to submit it or his registration for consideration, you must submit the completed form to the county voter registration office or Indiana Election Division by noon 10 days after receipt or the registration deadline, whichever occurs first.

I accepted custody of this completed application on _ _ / _ _ / _ _

Printed Name

Residence Address

Please detach and give the receipt above to the applicant if you are accepting custody of a completed application.

1. Check boxes that apply:
   - New registration
   - Address change (See Box 6)
   County name only
   - Date processed
   - Township / precinct
   - County tracking number

2. Gender:
   - Male
   - Female

3. Last Name:
   - First Name:
   - Middle Name or Initial:
   - Suffix:

4. Residence Address (No Post Office Boxes) If no address, write short description or attach map:
   - Apartment Number:
   - City / Town:
   - State:
   - ZIP Code:

5. Mailing Address, if different from Box 4, if same, print "SAME"
   - Apartment Number:
   - City / Town:
   - State:
   - ZIP Code:

6. Previous Voter Registration Address:
   - County:
   - Apartment Number:
   - City / Town:
   - State:
   - ZIP Code:

7. Date of Birth (mm/dd/yy)
   - Telephone number (Optional):
   - E-mail (Optional):

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

9. Will you be at least 18 years of age on or before election day?
   - Yes
   - No

10. Establish Voter Identification Number; Applicant must provide a number or indicate "None".
    - Indiana Driver's License Number or Bureau of Motor Vehicles ID Card Number
    - Last 4 Digits of Social Security Number
    - None

11. If you changed your name, what was your name before you changed it? If you have not changed your name, skip this question.
    - Last Name:
    - First Name:
    - Middle Name or Initial:
    - Suffix:

12. If you cannot sign this statement or the application due to a disability, the person who wrote the applicant's name on the line above the applicant's request, must provide his/her name and address below.
    - Name:
    - Address:
    - Telephone number (Optional):

13. I authorize my voter registration at any other address to be cancelled. I swear or affirm that:
   - I am a citizen of the United States.
   - I will be at least 18 years of age at the next general election 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 all other statements on this form are true.

14. If you understand that if you sign this statement knowing that it is not true I am committing perjury and can be fined up to $10,000, jailed for up to three years or both.
    - Signature of Applicant:
    - Date (mm/dd/yy)

15. CERTIFIED STATEMENT OF ACCEPTANCE
   - To be completed by a person who accepts custody of the completed application before filing with a county voter registration office or Indiana Election Division. Does not apply to a person accepting a form from a member of household.
   - I affirm under the penalties for perjury that I accepted custody of this completed application from the applicant on __/__/__
   - Printed Name:
   - Residence Address:
   - Signature:

If you accept a completed form from another person, you must submit it to the county voter registration office or Indiana Election Division by noon 10 days after receipt or the registration deadline, whichever occurs first.

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