

# Pennsylvania Voter Registration Application

**Print your name** 1 Last name Cat Jr Sr II III IV (circle if applicable)  
 First name Will Middle name or initial D.

**Eligibility** 2 Are you a citizen of the U.S.?  Yes  No  
 Will you be 18 years or older on or before election day?  Yes  No

**Reason** 3  New registration  Change of name  Change of address  
 Change of party  Federal or State employee registering in county of

**About you** 4 Birth date 02/03/1926 Sex  M  F Race (optional)  
 Phone 610-519-4500 Email willcat@

**Your address** 5 Address (not P.O. Box) 800 E. Lancaster Ave. Apt Jake Nevin  
 City/Town Villanova State PA Zip Code 19085  
 Municipality Radnor County Delaware  
 I do not have a street address or permanent residence (use map on back)

**The address where you receive mail** 6  Same as above Address or P.O. Box  
 City/Town State Zip Code


**Identification** 7 PA driver's license or PennDOT ID card number 12345678  
 Last four digits of your Social Security number 2345  
 I do not have a PA driver's license or a PennDOT ID card or a Social Security number.

**Political party** 8  Democratic  Republican  Green  Libertarian  None (N/A)  
 Other

**Voting assistance** 9  I require help to vote. I need this kind of assistance:  
 I require language help. My preferred language is:

**If your name or address has changed** 10 Name on previous registration  
 Full previous address and county  
 PA Voter No. (if available) Year

**I declare that:**  
 • I am a United States citizen and will have been a citizen for at least one month on the day of the next election.  
 • I will be at least 18 years old on the day of the next election.  
 • I will have lived at the same address in Section 5 for at least 30 days before the election.  
 • I am legally qualified to vote.  
 I affirm that this information is true. I understand that this declaration is the same as an affidavit, and, if this information is not true, I can be convicted of perjury, and fined up to \$15,000, jailed up to seven years, or both.

**Signature or mark**   
**Print name**  
**Today's date** M / M / D / D / Y / Y / Y / Y

**Help with this form** 12 Name of assistant  
 Address  
 Phone  
 Signature of assistant

WRITE DORM NAME HERE  
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MUST ENTER YOUR VU BOX NUMBER AND FULL MAILING ADDRESS HERE  
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If you do not have a PA driver's license, write the last four digits of your social security number in this section.

NEED HELP?  
 Contact Laura at govrelations@villanova.edu for any assistance needed while filling out this form.

