

Residence Address

If you live in a dorm and get your mail at a different building, you find your dorm's street address (google it) and use that address as your "Residence Address" for voter registration.

Mailing Address

Your college mailroom address with your student box number or room number belongs here.

If you only have one address, leave this blank.

State of Georgia Application For Voter Registration

Proof of Residency?

Despite confusing wording on the voter registration form **you do NOT need "proof of residence" to register to vote.**

Just use the last four digits of your social security number.

1	LAST NAME	FIRST NAME	MIDDLE OR MAIDEN NAME	SUFFIX			
2	RESIDENCE ADDRESS: House No. and street name Dorm Street Address		APT. NO.	CITY	COUNTY	STATE GA	ZIP CODE
3	MAILING ADDRESS (If different from residence address): Post-office box or route Mailroom or different mailing address + Box Number		CITY	COUNTY	STATE GA	ZIP CODE	
4	TELEPHONE NUMBER	DATE OF BIRTH: MM/DD/YYYY	GENDER	RACE/ ETHNICITY:			
5	VALID GA. DRIVER'S LICENSE OR GA. I.D. NO.	If no GA Driver's License or GA. I.D. No., must provide last 4 digits of your Social Security Number		FULL SOCIAL SECURITY NUMBER (OPTIONAL) Last 4 Digits (Required)		Check if you do not have a GA Driver's License, GA. I.D. No. or Social Security No.	
6	<p>I SWEAR OR AFFIRM: (Your answer is required under federal law)</p> <p>Are you a citizen of the United States of America? Check One: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Will you be 18 years of age on or before election day? Check One: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If you checked "No" in response to either of these questions, do not complete this form.</p> <p>I SWEAR OR AFFIRM THAT:</p> <p>I reside at the address listed above.</p> <p>I am eligible to vote in Georgia.</p> <p>I am not serving a sentence for having been convicted of a felony involving moral turpitude.</p> <p>I have not been judicially declared to be mentally incompetent.</p> <p>MM/DD/YYYY <input checked="" type="checkbox"/> Sign as you would any official document</p> <p>Date Signature</p>						
7	May we contact you about working as an Election Day poll officer? Yes <input type="checkbox"/> No <input type="checkbox"/>		CHANGE OF NAME: If you are changing your name, list the name under which you were previously registered:		Military Active Duty?		
8	If you would like to receive additional information by email, please provide your e-mail address:		CHANGE OF ADDRESS: If you are changing your address or if you were previously registered to vote, list your previous address:		Yes <input type="checkbox"/> No <input type="checkbox"/>		
	CITY	COUNTY	STATE				

**WARNING: Any person who registers to vote knowing that such person does not possess the qualifications required by law, who registers under any name other than such person's own name, or who knowingly gives false information in registering shall be guilty of a felony.
O.C.G.A. § 21-2-561**