

CERTIFICATE OF REINSTATEMENT

VOTER INFORMATION: (Please Print) Required fields must be completed.

Are you a citizen of the United States? (Required) <input type="checkbox"/> YES <input type="checkbox"/> NO If you checked "NO" to this question, DO NOT COMPLETE THIS FORM.			Will you be 18 years of age on or before Election Day? (Required) <input type="checkbox"/> YES <input type="checkbox"/> NO If you checked "NO" to this question, DO NOT COMPLETE THIS FORM.		
Last Name (Required)		First Name (Required)	Middle Name	Suffix (Jr., III)	Previous Name of Applicant (If Applicable)
Colorado Legal Residence Street Address (Required – No P.O. Boxes)			Apt/Unit #	City/Town (Required)	Zip (Required)
Mailing Address or P.O. Box (Required if different from address above)			Apt/Unit #	City/Town	State
Date of Birth (Required) MM / DD / YYYY		Gender (Required) <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number (Including Area Code) () - -	Party Affiliation (Required to vote in that party's Primary Election) <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> American Constitution <input type="checkbox"/> Green <input type="checkbox"/> Libertarian <input type="checkbox"/> Unity <input type="checkbox"/> Unaffiliated	

<p style="text-align: center;">IDENTIFICATION (Required) DO NOT LEAVE THIS SECTION BLANK ➔</p> <p>Pursuant to Federal Law, your completed voter registration form must contain your State of Colorado Driver's License Number or your Dept. of Revenue Identification Number. If you do not have a Driver's License or Dept. of Revenue Identification Number, then you must provide the last four digits of your Social Security Number. If you do not have a Driver's License Number, a Dept. of Revenue Identification Number, or a Social Security Number, you must check the appropriate boxes. A unique identifying number will be assigned to you by the State and you will still be registered to vote.</p> <p><small><u>NOTE: If the identification section is left blank and you do not check the boxes indicating you do not have identification, you will not be registered to vote.</u></small></p>	<p style="text-align: center;">_____ - _____ - _____ OR _____ - _____ - _____</p> <p style="text-align: center; color: red;">Colorado Driver's License Number Department of Revenue ID Number</p> <p style="text-align: center;"><input type="checkbox"/> I do not have a Colorado Driver's License or Dept. of Revenue Identification Number.</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">If you do not have a Colorado Driver's License or a Department of Revenue Identification Number, then provide at least the last four digits of your Social Security Number.</p> <p style="text-align: center;">_____ - _____ - _____</p> <p style="text-align: center; color: red;">Social Security Number</p> <p style="text-align: center;"><input type="checkbox"/> I do not have a Social Security Number.</p>
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PERMANENT MAIL-IN BALLOT LIST: Place a (✓) in the box to be added or removed from the list. (Optional)

<input type="checkbox"/> Add my name to the list <input type="checkbox"/> Remove my name from the list	<p style="text-align: center;">Address to mail your Permanent Mail-In Ballot(s) to - If different than your mailing or residential address</p> <p>Street Address _____ Apt/Unit # _____ City/Town _____ State _____ Zip Code _____</p>
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PREVIOUS RESIDENCE: Complete this section only if you were registered to vote at a different legal residence address.

When did you move to the address shown above? _____ / _____ / _____
MM DD YYYY

Do you believe you are registered to vote in this county? YES NO

Provide the address at which you believe you are registered. _____
Street Address Apt/Unit # City State Zip

READ, SIGN AND DATE:

WARNING: It is a crime to swear or affirm falsely as to your qualifications to register to vote.

Self-Affirmation: I do solemnly affirm that I am a citizen of the United States and that on the date of the next election I shall have attained the age of eighteen years and shall have resided in the state of Colorado at least thirty days and in my present precinct at least thirty days before the election. I further affirm that the present address I listed herein is my sole legal place of residence and that I claim no other place as my legal residence. I seek reinstatement as a registered elector of the county. I affirm that I have not moved outside the county since the last three general elections, and request that my registration cancellation notation be deleted from the records of the Clerk and Recorder.

Signature or Mark (Required)

X _____

Signature (Required)

Date Signed (Required) _____ / _____ / _____
MM DD YYYY

Yes, I want to be an Election Judge (Optional)

FOR OFFICIAL USE ONLY

Election Date: _____ Precinct #: _____ Ballot Style/Number: _____ Judge's Initials: _____

Polling Location: _____