

EASTERN SHAWNEE TRIBE OF OKLAHOMA VOTER REGISTRATION APPLICATION

1. Persons who can register. Any member of The Eastern Shawnee Tribe of Oklahoma who is 18 years of age or older.

2. Read the oath carefully. Sign and date it in ink. If you cannot sign your name, make your mark and give the name of the person who helped you.

Warning; all answers on this application must be true. A penalty may be assessed for any false information given. This information will be used to determine voter eligibility protected by the Privacy Act. Voter registration # _____

Use black ink. All areas must be filled out. After you complete this application, use proper postage and mail to Election Board P.O. Box 1200, Seneca MO. 64865-1200 or (FAX) to (888) 899-0249.

Last Name (print) First Name (print) Middle Name (print) Suffix
_____/_____/_____
Date of Birth (mm/dd/yyyy) Tribal Role Number Male____ Female____

Address City State Zip County
Mailing address (if different from address)

Address City State Zip
Former Name;

Last Name (print) First Name (print) Middle Name (print)
If someone helped you fill out this application, give name and address.

First Name (print) Last Name (print)

Address City State Zip

**OATH: I swear or affirm that:
I am a member of the Eastern Shawnee Tribe of Oklahoma.
I am 18 years of age or older. Or I will be 18 on or before the date of the next election.
The information is true and I reside at the address given.**

X _____ Date _____
Signature or Mark of Applicant