



APPLICATION FOR VOTER REGISTRATION  
AMERICAN SAMOA GOVERNMENT  
P.O. BOX 3970  
AMERICAN SAMOA GOVERNMENT

Voter Registration Number:

EXPIRES:

Old Voter Registration Number:

Are you registered to vote elsewhere? If Yes, What County/State? Year?	<b>1</b>
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<b>2</b>	Type of Registration:
	Absentee Type:

DISTRICT #:	DISTRICT NAME:	VILLAGE:	<b>3</b>
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<b>4</b>	FIRST NAME:	MIDDLE INIT.:	LAST NAME.:	MAIDEN NAME:
	ALIAS:	<b>5</b>	GENDER:	<b>6</b>

<b>7</b>	SOCIAL SECURITY #.:	<b>8</b>	DATE OF BIRTH:	<b>9</b>	NATIONALITY:	<b>10</b>	ETHNICITY (OPTIONAL):
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<b>11</b>	BIRTHPLACE:
	FATHER'S BIRTHPLACE (OPTIONAL):
	MOTHER'S BIRTHPLACE (OPTIONAL):

<b>12</b>	RESIDENCE ADDRESS:	HOW LONG?:	HOME PH:	EMAIL (OPTIONAL):
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<b>13</b>	EMPLOYMENT:	WORK PH.:
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<b>14</b>	Are you a member of the U.S. Armed Forces?	
	If Yes, What branch?	
	Military Type:	

<b>15</b>	Do you have any form of disability, which could hinder your ability to vote? If Yes, please explain:	Case Worker:
		Case Worker Initial:

I, solemnly swear that all the forgoing information is true and correct.  
If any part of this application is untrue, I understand that this may hinder my right to vote.

<b>16</b>	HT:
	WT:

**Voter Signature:** \_\_\_\_\_

**Voter Digital Signature:**

Subscribed and Sworn to before me on

My Commision expires:

\_\_\_\_\_  
Election Office Notary/Notary Public

**CEO USE ONLY**

The above request is hereby:  APPROVED  DENIED

REASON(S):

DATE:

\_\_\_\_\_  
Chief Election Officer