

STATE OF LOUISIANA VOTER REGISTRATION AGENCIES DECLARATION FORM

If you are not registered to vote here today? (Check		ould you like to apply to register
[] I want to register to vote.	[] I do not wa	ant to register to vote.
IF YOU DO NOT CHECK EITHE REGISTER TO VOTE AT THIS T		DERED TO HAVE DECIDED NOT TO
Applying to register or declining to regis agency. Voter eligibility requirements ar		of assistance that you will be provided by this lication form.
		mitted will remain confidential. If you decline to clining to register to vote will be used only for
If you would like help in filling out the to seek or accept help is yours. You		rm, we will help you. The decision whether private. (Check one)
[] Yes, I would like help.	[] No, I do not wa	ant help.
For assistance in completing the voter r Services at 1-866-758-5035.	egistration application form outside o	our office, contact the Office of Aging and Adult
		er registration application form (if you filled one a 4th Street, 2nd Floor, P.O. Box 2031 (Bin 14),
Signature or Mark	Name Typed or Printed	Date
Signatures of Two Witnesses If Signed	•	Duito
1)	2)	
deciding whether to register or in applying	ng to register to vote, or your right to c ith the Louisiana Secretary of State, ling (225)922-0900 or 1-800-883-280	cline to register to vote, your right to privacy in choose your own political party or other political Commissioner of Elections, P.O. Box 94125, 5.