The State of Rhode Island urges all of its citizens to register to vote. Your vote will benefit you and your family. Thank you for taking the time to fill out this important form.

Register To Vote

If you are not registered to vote where you live now, would you like to apply to register to vote here?
Where you submit your registration form is confidential.

☐ Yes, I would like to register to vote. (Please fill out the voter registration form)

☐ No, I do not want to register to vote, or I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote, or I am taking the voter registration form with me and may complete the voter registration form and send it in at a later time.

IF YOU DO NOT CHECK EITHER BOX YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

- If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

- Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

- You may leave the voter registration form at the office where you received it, or you may mail or deliver it to the Board of Canvassers in your city/town hall.

- If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Voter Registration Coordinator, Rhode Island Board of Elections, 50 Branch Avenue, Providence, R.I. 02904 or (401) 222-2345.

________________________________________    ___________________________   ____________________
Applicant’s Signature               Print Name                 Date

For Agency Use Only

☐ Check here if client refuses to sign. (Print the client’s name on the “Print Name” line above.)

________________________________________    __________________________
Registration Agent’s Initials                      Date

This form must be retained by the agency for 24 months.