Mock Presidential Election 2016 **Student Voter Registration Application**	**For Office Use Only**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar.

Will you be under 18 years of age on or before election day?	☐ **Yes**	☐ **No**
Are you interested in voting on election day?	☐ **Yes**	☐ **No**

1	**Last Name** Include Suffix if any (Jr.,Sr.,III)	**First Name**	**Middle Name** (if any)

2	**School Name**

3	**Grade**

✖	**Date** ____/____/____

Signature of Applicant.

MOCK PRESIDENTIAL ELECTION 2016

STUDENT VOTER REGISTRATION CERTIFICATE

(Certificado de Registro Electoral)

Name *(Nombre)*		**Valid from** *(Valido desde)*
School *(Escuela)*	**Prec.No.** *(Pct.num.)*	**thru** *(hasta)*

✖

VOTER MUST PRESONALLY SIGN HIS/HER NAME IMMEDIATELY UPON RECEIPT, IF ABLE

(Votante debe firmar esta tarjeta personalmente al punto de recibir si puede)

LWV First Vote!