



**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? 1  
 If Yes, What County/State? \_\_\_\_\_  
 Year? \_\_\_\_\_

2 Type of Registration: \_\_\_\_\_  
 \_\_\_\_\_  
 Absentee Type: \_\_\_\_\_  
 \_\_\_\_\_

DISTRICT #: \_\_\_\_\_ DISTRICT NAME: \_\_\_\_\_ VILLAGE: \_\_\_\_\_ 3

**4** FIRST NAME: \_\_\_\_\_ MIDDLE INIT.: \_\_\_\_\_ LAST NAME.: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
 ALIAS: \_\_\_\_\_ 5 GENDER: \_\_\_\_\_ 6 RELIGION (OPTIONAL): \_\_\_\_\_

**7** SOCIAL SECURITY #: \_\_\_\_\_ 8 DATE OF BIRTH: \_\_\_\_\_ 9 NATIONALITY: \_\_\_\_\_ 10 ETHNICITY (OPTIONAL): \_\_\_\_\_

**11** BIRTHPLACE: \_\_\_\_\_  
 FATHER'S BIRTHPLACE (OPTIONAL): \_\_\_\_\_  
 MOTHER'S BIRTHPLACE (OPTIONAL): \_\_\_\_\_

**12** RESIDENCE ADDRESS: \_\_\_\_\_ HOW LONG?: \_\_\_\_\_ HOME PH: \_\_\_\_\_ EMAIL (OPTIONAL): \_\_\_\_\_

**13** EMPLOYMENT: \_\_\_\_\_ WORK PH.: \_\_\_\_\_

**14** Are you a member of the U.S. Armed Forces? \_\_\_\_\_  
 If Yes, What branch? \_\_\_\_\_ Military Type: \_\_\_\_\_

**15** 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.

**16** 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