

For more information on voting or state election results go to the Minnesota Secretary of State web site at **sos.mn.gov** or call toll free **1-877-600-VOTE (1-877-600-8683)** or use Minnesota Relay Service at 1-800-627-3529 or 711. Special assistance is available to those who are elderly, have disabilities, or are in health care facilities. Contact the Secretary of State or your County Auditor for more information.

(For administrative label)

Confidentiality Notice: Your exact date of birth, email address, and any ID number you give (Minnesota driver's license, state ID or last four digits of social security number) are private. Only election officials and other authorized government agencies may access this information. Election officials use your exact date of birth and ID number to confirm your identity with the Minnesota Department of Public Safety or Social Security Administration. If you have an ID number but refuse to give it, your application may be incomplete and you may have to apply again or show proof of residence before you can vote. Election officials ask for your email so they can contact you about your application. Also, the Office of the Secretary of State may email you (or contact you another way) about voting and elections, or ask for public input on voting or election-related issues. The rest of the data on your application is public when used for elections, political, law enforcement or jury selection purposes. If you need to keep your contact data private because of personal safety concerns, call 1-877-600-8683.

Voucher Form

Use this form only if you are registering to vote with a voucher as your proof of residence

I, _____ swear or affirm that (Check one):
(Name of Voucher)

- I am pre-registered to vote in this precinct Voter ID # : _____
(to be completed by the election judge)
- I registered in this precinct today and did not have another person vouch for me
- I am an employee of a residential facility _____
(Name of residential facility)

Residential Address of Voucher or Address of Residential Facility

Street Address	City
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Telephone number:	E-mail address (optional)
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I personally know that _____ is a resident of this precinct.
(Name of person registering)

Signature of Voucher

Election Judge Official Use Only

Subscribed and sworn to before me

_____/_____/_____
Date

Signature of Election Judge