

**PUEBLO OF ZUNI
ZUNI ELECTION BOARD**



VOTER REGISTRATION

Date: _____

This is an application for: New Registration Change**

If this is an application for a CHANGE (correction) check in each containing corrected information.

Name:	LAST	FIRST	MIDDLE
-------	------	-------	--------

Former Name or Maiden Name: (Complete only if this is a name Change)
--

Gender:	Date of Birth:	Census Number:	Social Security Number:	Phone Number:
---------	----------------	----------------	-------------------------	---------------

Mailing Address:
City: State: Zip:
Street Address:

Temporary Address:
City: State: Zip:

I hereby certify that I meet the following requirements under the Pueblo of Zuni Tribal Registration Eligibility Requirements:

- 1 I am 18 years of age.
- 2 I am an enrolled member of the Zuni Indian Tribe.

Signature Date

(Circle One)	Eligibility Requirements:	Met	Not Met	If eligibility requirements were not met, please state reasons why: _____

Person taking application; sign and print name				_____
(Election Board Member/Census Director)				_____

Entered into Computer by:

Signature Print Name Date

****If changing name, please provide the Census Office with official documents relating to change of name, (i.e. Order for Name Change, Marriage License, Divorce Decree, Birth Certificate)**

