Voter Registration Form
Town of Greenwood

Date of Application    __________________, 20_____

Name of Voter        ____________________________________________________________

______________________________________________________

Current Address       ____________________________________________  Zip ______________

_____________________________________________

Date of Birth _____________________________________________________________

Length of Residence in Greenwood       Years       _______  Months       _______

Please check one: Initial Registration _____    Re-registration _____

I, _______________________________ give oath / affirm that the above information is correct.  
Print Name

Signature of Voter     ______________________________

FOR OFFICE USE ONLY

Proof of Residency     ___________________________  Proof of Citizenship    ____________

Proof of Age

Proof of Age

Town Official accepting registration ___________________________  Date __________

Signature

Title

_______________________________