ADULT VOTER INTAKE FORM – DOCUMENT REQUESTS

| Today's Date Last 4 digits of Social Security #: | | |
|--|--|--|
| Client Name: | | |
| Date of Birth: Age: | | |
| Gender: M F Race/Ethnicity: | | |
| Have you ever attempted to obtain Voter ID before? Y / N How many times? | | |
| Why were you unsuccessful? | | |
| Are you aware that there may be problems with obtaining your birth certificate? $$ Y / N | | |
| What do you think the problem may be? | | |
| Circle documents needed and indicate the state where the event occurred below: Birth Certificate Marriage License Divorce Decree Death Certificate Adoption Order | | |
| Circle documents for which need guidance to get voter ID, if any: | | |
| Citizenship/Naturalization Certificate Replacement SS Card Replacement Proof of Residence | | |
| Are you a Veteran? Y / N Spouse of a Veteran? Y / N | | |
| Address where you live: | | |
| Address where you receive mail: | | |
| You have the option of having your record(s) mailed to you, provided you have a secure mailbox. I choose to have it mailed to my secure mailbox I choose to pick it up personally | | |
| \bigcirc 2013 VoteRiders Use of this form indicates that you are part of a VoteRiders Partner Organization-led Voter ID Clinic and will share the non-personal data collected from the Clinic with VoteRiders. | | |

I choose to allow ______ to pick it up for me.

We must be able to reach you by phone in case we have any questions, or to notify you once your record(s) has arrived. We are asking all applicants to supply THREE telephone numbers:

| Phone Numbers: | | | |
|--|--|--------------|--|
| Alternate Contact: | | | |
| (Name) | (Relationship) | (Phone #) | |
| Monthly Household Ind | come: | | |
| Sources: | | | |
| Amounts: | Number of Family Members in Household: | | |
| Please be specific in | telling us how you learned of tl | his service: | |
| Name of Voter Advoca | te completing this form (Print): | | |
| Phone number: | E-mail address: | | |
| All fields completed or Necessary signatures Representation Agreen Release of Liability sig | the Intake Form application(s) on application(s) nent signed ned ing documents, if applicable applicable | | |

Clinic Supervisor has reviewed paperwork _____

© 2013 VoteRiders Use of this form indicates that you are part of a VoteRiders Partner Organization-led Voter ID Clinic and will share the non-personal data collected from the Clinic with VoteRiders.