

MINOR CHILD INTAKE FORM
TO BE USED FOR PROSPECTIVE VOTERS WHO ARE WITHIN 13 MONTHS
OF TURNING 18 YEARS OF AGE PRIOR TO THE PRIMARY OR GENERAL
ELECTION

Today's Date _____ Last 4 digits of Minor's Social Security #: _____

Client Name & relationship to minor: _____

Name of Minor: _____

Date of Birth: _____ Age: _____

Gender: M F Race/Ethnicity: _____

State where born: _____ Parent a Veteran? Y / N

Are you aware that there may be problems with obtaining this birth certificate? Y / N

What do you think the problem may be? _____

Address where you live:

Address where you receive mail:

You have the option of having the birth certificate 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 _____

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 birth certificate has arrived. We are asking all applicants to supply THREE telephone numbers:

Phone Numbers: _____

Alternate Contact:

(Name) (Relationship) (Phone #)

Monthly Household Income:

Sources: _____

Amounts: _____ Number of Family Members in Household: _____

Please be specific in telling us how you learned of this service:

Name of Voter Advocate completing this form (Print):

Phone number: _____ E-mail address: _____

Voter Advocate Check-off List:

All fields completed on this Intake form _____

All fields completed on application(s) _____

All applications signed _____

Representation Agreement signed _____

Release of Liability signed _____

Photocopies of identifying documents, if applicable _____

Notarized signature, if applicable _____

Notarized release, if applicable _____

Clinic Supervisor has reviewed the paperwork _____