

www.CraigHenrici.com

Thank you for visiting www.CraigHenrici.com and downloading the State of Connecticut mail-in Voter Registration Form ED-671.

You must complete the form, sign and date it, and mail or drop off to Hamden's Registrars of Voters. The mailing address is provided on page three of this document.

You may join any party you choose or you may choose not to join any party. **If you wish to vote in September's Democratic Primary, you must choose to join the Democratic Party by completing Section 1a and Section 9.**

If you are currently a registered REPUBLICAN and you wish to vote in September's Democratic Primary, you have missed the deadline to join the Democratic Party. UNAFFILIATED VOTERS will be eligible to vote in the September 11 primary if the Registrar receives your registration by September 6, 2007. NEW VOTERS will be eligible to vote in the September 11 primary if their registration is postmarked by September 6, 2007.



STATE OF CONNECTICUT MAIL-IN VOTER REGISTRATION

(Disponible en Español)
ED-671 S
REV. 3/03
(CGS §9-23g)

■ YOU MAY USE THIS EASY FORM TO:

- register to vote in Connecticut
- change your name and/or address on current registration
- enroll in a political party or change party enrollment (Changing parties may result in losing rights in all parties for 3 months)

IMPORTANT! Keep your voter record up to date

■ TO REGISTER TO VOTE IN CONNECTICUT

YOU MUST:

- be a United States citizen;
- be a resident of a Connecticut town;
- be at least 17 years old (you can vote when you turn 18)
- have completed confinement and parole if previously convicted of a felony and have had your voting rights restored by Registrar.

■ IF YOU MOVE:

You must fill out a new voter registration card if you have moved to a new town. Also, use this form to change address within town. (See section 1 and section 10 below)

■ QUESTIONS?

Call your local Registrar of Voters or the Secretary of the State at (800) 540-3764 or (860) 509-6100 (TDD, 800-303-3161)

■ REGISTRATION INSTRUCTIONS

1. Fill in all boxes that apply to you on this application.
2. Place a first-class stamp on the application card, fold, and mail it to the town hall where you live (or deliver it to your town hall or voter registration agency).
3. You are not a voter until your application is approved by the Registrar of Voters.
4. You should receive a confirmation within 3 weeks. If you do not, contact the Registrar in your town hall.
5. If (1) you submit this form by mail and (2) you are registering for the first time in town, you may wish to submit with this application (a) a copy of a current and valid photo I.D. or (b) a copy of a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address, in order to avoid additional I.D. requirements the first time you vote.

■ REGISTRATION DEADLINES FOR NEW VOTERS

PRIMARY: Your application must be postmarked by the 5th day before a primary (OR received by your Registrar of Voters or a voter registration agency by the 5th day before a primary). You may apply in person to your town clerk or registrar until 12:00 noon on the last business day before a primary.

ELECTION: Your application must be postmarked by the 14th day before an election (OR received by your Registrar of Voters or a voter registration agency by the 14th day before an election).

FOLD ----- PLEASE USE PEN - PRINT CLEARLY ----- FOLD

1a Check Boxes that Apply:		<input type="checkbox"/> New Voter Registration (includes move to a new town)	<input type="checkbox"/> Address Change (within the same town)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Party Enrollment Change
1b Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Will you be 18 on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO		If you checked "NO" to either of these questions, do not complete this form.	
2	Name of Applicant Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name or Initial	Jr. Sr. II III IV
3	Date of Birth (Month Day Year)	4 CT Driver's License Number (if none, last 4 digits of Soc. Sec. No.)	5 Address Where You Live (No., Street, Apt. #)		Town, Zip (Connecticut)
6	If Different, Address Where You Get Your Mail (P.O. Box, etc.)		7 Telephone Number (optional)	8 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
9	Do you wish to enroll in a political party? <input type="checkbox"/> YES, Name of party _____ <input type="checkbox"/> NO, I do not wish to enroll in a party at this time.		11 I swear or affirm that: • I am a U.S. Citizen • I live at the address shown in box 5 above • I am at least 17 years old • I have not been convicted of a disfranchising felony, or if so, my voting rights have been restored • The information provided here is true		
10 NAME or ADDRESS CHANGE		Previous Voting Address (if none, write "NONE") No. Street Town County State		Name Under Which Registered (if different from above)	
NOTE: The particular office at which you register to vote, or whether you decline to register, remains confidential and will be used only for voter registration purposes.		S		12 Would you like to work at the Polls on Election Day? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WARNING: If you sign this statement even though you know it is untrue, you can be convicted and imprisoned for up to five years and fined up to \$5,000.					
THIS SECTION COMPLETED ONLY BY AGENCY (OR SPECIAL ASSISTANT REGISTRAR OR TOWN CLERK) (Date Received by Agency)		THIS SECTION COMPLETED ONLY BY REGISTRAR OF VOTERS			
DATE RECEIVED BY REGISTRAR		REGISTRAR INITIAL	APPLICATION IS HEREBY:		DATE NOTICE MAILED
DATE ENROLLMENT EFFECTIVE IF CHANGING PARTY		<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> NOTICE RETURNED UNDELIVERABLE			
		REASON FOR REJECTION			

PLEASE TAPE - DO NOT STAPLE

From: _____

Place
Stamp
Here

Registrar Of Voters
Hamden Government Center
2750 Dixwell Avenue
Hamden, CT 06518