Montana Voter Registration Application

Please type or print clearly using black or blue ink. Fields marked with an asterisk (*) are required.
If you do not provide all the required information, your application to register to vote will not be complete.

Check all that apply: ☐ New Registration ☐ Name Change ☐ Address Change ☐ Signature Update ☐ Other

SECTION 1: ELIGIBILITY REQUIREMENTS

Are you a citizen of the United States? (Citizenship may be verified.)*	☐ Yes	☐ No
Will you be at least 18 years of age on or before the next election?*	☐ Yes	☐ No
Will you be a Montana resident for at least 30 days before the next election?*	☐ Yes	☐ No

If you checked "No" in response to any of these questions, you do not meet the eligibility requirements to vote.

SECTION 2: APPLICANT AND IDENTIFICATION INFORMATION

Name*: _____
Last Name* **First Name*** **Middle Name/Initial** **Suffix**

Date of Birth*: ____/____/____ (Month Day Year) Phone (Recommended): _____ Email (Recommended): _____

Select one of the following identification (ID) options and provide the required information*:

☐ I have a Montana driver's license # and it is: _____

☐ I do not have a Montana driver's license. The last 4 digits of my Social Security Number (SSN) are: _____

☐ I do not have a Montana driver's license or a Social Security Number. I have presented an original or enclosed a copy of a current and valid photo ID (including but not limited to, Tribal ID, Military ID, or school district or post secondary education photo ID) that shows my name OR an alternative form of identification that shows my name and current address (e.g. paycheck stub; utility bill; bank statement; or government document).

*Montana Residential Address** *City* *County* *Zip Code*

Mailing Address (if different than residential) *City* *State* *Zip Code*

If Applicable:

☐ Military Domestic (or military spouse or dependent) only if on active duty and will be absent from place of registration
☐ Military Overseas (or overseas military spouse or dependent)
☐ U.S. Citizen Overseas

SECTION 3: PREVIOUS REGISTRATION INFORMATION (Will be used to provide cancellation information to former jurisdiction)
REQUIRED IF NAME CHANGED OR IF PREVIOUSLY REGISTERED TO VOTE IN ANOTHER MONTANA COUNTY OR IN ANOTHER STATE

Previous Registration Name: _____

Address of previous registration *City* *State* *Zip Code*

SECTION 4: ABSENTEE BALLOT INFORMATION

☐ I request an absentee ballot to be mailed to me for ALL elections in which I am eligible to vote as long as I reside at the address listed on this application.

If your mailing address changes during certain times of the year, please update the seasonal mailing address information or contact your county election office. Seasonal mailing address for the period of: ____/____/____ (Month Day Year) through ____/____/____ (Month Day Year)

Seasonal Mailing Address (if applicable) *City* *State* *Zip Code*

Does your seasonal mailing address occur annually? ☐ Y ☐ N

SECTION 5: AFFIRMATION

☐ ***I affirm*** **under penalty of perjury that the information on this application is true and correct, and that I am not serving a felony conviction in a penal institution nor have been found to be of unsound mind by a court. I understand that if I have provided false information on this application, I may be subject to a fine, imprisonment, or both, under federal and/or state law.**

Signature*: _____ Date*: _____

THE AFFIRMATION ON THIS APPLICATION FOR VOTER REGISTRATION MUST BE SIGNED BY THE APPLICANT – FAILURE TO DO SO WILL PREVENT APPLICATION FROM BEING PROCESSED.

Submit the completed form to your Local County Elections Office. Contact information is attached and can also be found at VoteMT.gov 2025-11