

# UNITED NUWAUBIAN NATION OF MOORS APPLICATION FOR VOTER REGISTRATION

Fill out the bottom half of this application by following these directions. Print clearly and use blue or black ink.

- LEGAL NAME.** Your full legal name including any suffix such as El, Dey, Bey, Ali is required on this form.
- ADDRESS.** Provide residential address. This information is required.
- MAILING ADDRESS.** If mailing address is different from residential address, complete the mailing address section.
- PERSONAL INFORMATION.** A telephone number is helpful to registration officials if they have a question about your application. Gender and race are requested and are needed to comply with the Fair Voting Rights of the U.N.N.M., and are required.
- VOTER IDENTIFICATION NUMBER.** U.N.N.M. law requires you to provide your full U.N.N.M. I.D. number.  
If you do not have a U.N.N.M. I.D. Card or you must provide your Tribal Identification number. Providing your full Tribal I.D. number is optional only if you do not have a U.N.N.M. I.D. card. All information will be kept confidential and may be used for comparison with other state agency databases for voter registration identification purposes. If you do not possess a U.N.N.M. identification card or Tribal I.D. card you will not be eligible to vote.
- OATH.** U.N.N.M. law requires that you answer the citizenship and age questions. Read the oath and sign your name. If you cannot complete this application unassisted because of physical disability or illiteracy, you must either sign or make your mark on the signature line, and the person assisting you **MUST** sign the signature space for person assisting voter.
- POLL OFFICER QUESTION.** Your willingness to be a poll worker will have no bearing on your application for registration.
- NAME/ADDRESS CHANGE.** Complete these sections to change the name or address of your current voter registration.
- MAP/DIAGRAM:** If you live in an area without house numbers and street names, please include a drawing of your location to assist us in locating your appropriate precinct.
- DELIVERY INSTRUCTIONS:** Verify that you have completed and signed the application. Enclose a copy of your ID if you are submitting this form by mail and registering for the first time in the U.N.N.M. Fold the application in half, remove the tape at the top, and press the edges together. The application is ready for you to mail (postage is not prepaid) or deliver to your local voter registration office.
- You are NOT officially registered to vote until this application is approved.** You should receive a voter card in the mail. If you do not receive this acknowledgement within two to four weeks after mailing this form, please contact the U.N.N.M. voter registration office.



**REQUIREMENT:** If you are submitting this form by mail and you are registering for the first time in the U.N.N.M., enclose a copy of one of the following with your application: A copy of a current and valid photo ID, and other government document that shows your name and address. Like your U.N.N.M. passport or U.N.N.M. Tribal I.D. card. No one is exempt from these requirement.

Place copy of  
ID in pocket



Trim copy of  
ID to size

U.N.N.M. COUNTY PRECINCT		U.N.N.M. MUNICIPAL PRECINCT		U.N.N.M. DISTRICT		APPLICATION NO.		REGISTRATION NO.		CHANGE OF ADDRESS <input type="checkbox"/> CHANGE OF NAME <input type="checkbox"/> OTHER _____																								
1	LAST NAME			FIRST NAME			MIDDLE OR MAIDEN NAME			SUFFIX <input type="checkbox"/> EL <input type="checkbox"/> ALI <input type="checkbox"/> DEY <input type="checkbox"/> BEY																								
2	RESIDENCE ADDRESS: House No. and street name			APT. NO.	CITY		DISTRICT		STATE	ZIP CODE																								
3	MAILING ADDRESS (If different from residence address): Post-office box or route						CITY		STATE	ZIP CODE																								
4	TELEPHONE NUMBER		DATE OF BIRTH: MM/DD/YYYY		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>		RACE/ ETHNICITY: <input type="checkbox"/> Moor <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Mongoloid <input type="checkbox"/> White/Tama'hu <input type="checkbox"/> Native Hawaiian/Pacific Islander																											
5	VALID U.N.N.M. I.D. NO. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														If no U.N.N.M. I.D. NO. is provided, you must provide Tribal Identification Number			FULL TRIBAL IDENTIFICATION NO. REQUIRED <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															<input type="checkbox"/> Check if you do not have a U.N.N.M. Identification No.	
6	<b>I SWEAR OR AFFIRM:</b> (Your answer is required under U.N.N.M. law) Are you a citizen of the United Nuwaubian Nation of Moors? Check One: Yes <input type="checkbox"/> No <input type="checkbox"/> Will you be 18 years of age on or before election day? Check One: Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If you checked "No" in response to either of these questions, do not complete this form.</b> <b>I SWEAR OR AFFIRM THAT:</b> I reside at the address listed above. I am eligible to vote in the United Nuwaubian Nation of Moors. I am not serving a sentence for having been convicted of a felony involving moral turpitude. I have not been judicially declared to be mentally incompetent.  Date _____ Signature _____  <b>WARNING: Any person who registers to vote knowing that such person does not possess the qualifications required by law, who registers under any name other than such person's own name, or who knowingly gives false information in registering shall be guilty of violating U.N.N.M. LAW. U.N.N.M. Statute 1 para. 1</b>																																	
7	May you contact you about working as an Election Day poll officer? Yes <input type="checkbox"/> No <input type="checkbox"/> If you would like to receive additional information by email, please provide your e-mail address: _____			8		CHANGE OF NAME: If you are changing your name, list the name under which you were previously registered: Last Name _____ Suffix _____ First _____ Middle or Maiden Name _____ CHANGE OF ADDRESS: If you are changing your address or if you were previously registered to vote, list your previous address: _____ CITY _____ COUNTY _____ STATE _____						Military Active Duty? Yes <input type="checkbox"/> No <input type="checkbox"/>																						