

**★ YOUR VOTE  
COUNTS! ★**

**Voter  
Identification  
Card**

**Name** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**City, State, ZIP** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE**



## The Magic House Voter Registration Application

Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip Code
Date of Birth	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature

Date

\_\_\_\_\_

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