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## VOTER REGISTRATION APPLICATION FORM

**Mailing Address: Missouri Secretary of State's Office  
Elections Division  
P.O. Box 1767  
Jefferson City, MO 65102**

**NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ADDRESS 2:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE/ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**\*\*NUMBER OF  
CARDS  
REQUESTED**

**Elections Division Fax Number: (573) 526-3242  
Elections Division Email: [elections@sos.mo.gov](mailto:elections@sos.mo.gov)**

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### FOR OFFICE USE ONLY

**PC Number(s):** \_\_\_\_\_

**Date Sent:** \_\_\_\_\_

**SOS Employee Initials** \_\_\_\_\_