



Republic of the Marshall Islands

Electoral Administration

POST OFFICE BOX 1078
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AFFIDAVIT ON APPLICATION FOR REGISTRATION

New register

Re-register

Previous Ward/District:

Social Security # _____

1. My full name first name last name, middle initial

2. I was born at place of birth this day day of month, 19 year

3. I am years years old 4. Maternal home island name of atoll/island

5. I reside at name of place 6. My occupation is title name

7. I am a Marshallese citizen according to the following; (a); Automatically, (b); By birth, (c); By Registration, Date date, or (d); By Naturalization, Date date

8. Maternal landrights: name of atolls/islands

9. Paternal landrights: name of atolls/islands

10. I have land rights thru my parents (*number 8&9*).

11. I am not currently under sentence, parole or probation for a felony.

12. I am not currently certified to be insane.

13. I hereby apply to be entered in the Electoral Register with respect to name of district
(Atoll/Island)

Electoral District, name of ward Electoral Subdivision.
(Election Ward)

14. Mother's name: name of person Father's name: name of person

15. maternal clan: name of jowi Paternal clan: name of jowi

16. I solemnly swear that the above statements are true, so help me God.

Print Full Name name of person Signature name signed

Sworn and affirmed before me this day day of month 20 year

name signed

Signature of Notary Public
or Election Board Member