

KARUK TRIBE VOTER REGISTRATION SIGNATURE VERIFICATION FORM

Last Name	First Name	Middle Name/Initial

Tribal Roll Number: _____

Date of Birth: _____

Street Address	City	State	ZIP

Mailing Address (If Different)	City	State	ZIP

Usual Polling Place (Circle One):

Yreka Happy Camp Orleans Absentee

This Voter Registration - Signature Verification Form will not be accepted without the proper signature of the applicant and a copy of a valid State or Tribal Identification Card.

OATH:

I solemnly swear that I am a Karuk Tribal member and over eighteen years of age.

I swear that I reside at the address indicated above.

Signature of Voter

Date



Please mail or hand deliver this form to: Karuk Tribe, Election Committee, PO Box 815, Happy Camp, CA 96039