

**UNITED HOUMA NATION
VOTER REGISTRATION APPLICATION FORM**

You can use this form to:

- 1) Register to vote in United Houma Nation elections
- 2) Change your name and address for voter registration only

To register you must:

- 1) Be an enrolled member of the United Houma Nation
- 2) Be at least 18 years old on or before the next election
- 3) Have not been convicted of a felony or been under judgment of interdiction for mental incompetence
- 4) Reside or be domiciled in the district in which you seek to register

Instructions for Completing this Form:

All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all numbered questions that apply to you.

Box 1 Indicate whether the application is for a new registration or change of name or address.

Box 2 Self explanatory.

Box 3 'Residence address' means the address where you live. Do not indicate post office boxes as your residence address. Complete 'mailing address' only if you have a different mailing address than your residence address. Draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show and schools, churches, stores or landmarks near where you live and write the name of the landmark.

Box 4 If you reside outside of the districts defined by the Tribal Council, you must indicate your Domicile or Home Community. Your domicile or home community is the location of your parents, siblings, etc. that relationship. For domicile address, identify the address of a family member residing within that district. The address identified on this application will determine which district elections you will have the opportunity to participate in.

Box 5-11 Self explanatory. Your social security number is used for identification purposed only.

Box 12-13 If you are requesting a name or address change, you must indicate the name or address you indicated on your previous application.

Box 14 Questions 14a-c are optional. You will not be required to answer these questions to register to vote.

Box 15 If you are unable to write, you must have two witnesses that see your mark to complete your application.

<p>All UHN registered voters will receive a voter identification card. You will be required to present your voter ID card at all tribal elections to vote.</p>

Send completed applications to the address listed below.

Questions? Call or write:

**Tribal Registrar of Voters
United Houma Nation
800 Monarch Drive
Houma, LA 70364
(985) 223-3093**

1) Check applicable box:

- New Registration
 Name Change
 Address Change

UNITED HOUMA NATION VOTER REGISTRATION APPLICATION

(Print clearly in ink, preferably black or typed)

2) Name of Applicant				
Last	First	Middle or Maiden		
3a) Resident Address				3c) Give Location
House or Apt. No. & Street	City or Town	State	Zipcode	
3b) Mailing Address if Different				
Post Office Box or Alternate Address	City or Town	State	Zipcode	
3c) Contact Information				
Home Number ()			Alternate Number ()	
4a) Domicile/Home Community		4b) Domicile Address		
		House or Apt. No. & Street	City or Town	State Zipcode
5) Age	6) Date of Birth	7) Social Security No.	8) Gender	9) Tribal Roll No.
	/ /	- -	(circle one) Male Female	
10b) Father's Name		10b) Mother's Name		11) Spouse's Name
12) Former Registered Residence Address				13) Former Registered Name, If Applicable
Address		State	Zipcode	
*14a) Last Grade Completed	*14b) Occupation		*14a) Are you a US Registered Voter? (circle one)	
			Yes No	
15) If you are unable to sign your name, two witnesses to your mark must sign here.				
Signature _____			Signature _____	

AFFIRMATION: I do hereby solemnly swear or affirm that I am an enrolled member of the United Houma Nation, that I am not currently under a judgment of interdiction for mental incompetence, that I reside or am domiciled in the district in which I seek to register, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to loss of voting privileges as determined by the UHN Tribal Council.

/ /

Signature _____ Date _____

For Office Use Only:		District: _____
<input type="checkbox"/> Application Incomplete	Remarks: _____	
<input type="checkbox"/> Application Approved		
<input type="checkbox"/> Application Denied		
Issue Date: ____/____/____	Application Processed by: _____	