



I am currently registered to vote on (*if applicable*):

Island of Saipan – Election District: ____ Island of Tinian – Election District 6 Island of Rota – Election District 7

CEC OFFICE USE ONLY:	
Affidavit No:	
NMDR-	

I HEREBY SWEAR (OR AFFIRM) THAT THE FOLLOWING INFORMATION IS TRUE AND CORRECT:

4	Last Four (4) Digits of Social Security Number	•	Date of Birth					Gender (Circle On	e)	
1	XXX-XX	2	/	/			3	Male	Female	
4	Full Legal Last Name			First Name	Mi			ddle		
5	Physical Residence Address Only (Must be completed. P.O. Box or General Delivery is not acceptable)				Island			ZIP Code		
6	Mailing Address (Street Address, P.O. Box or General Delivery)		Island			ZIP Code				
7	Telephone Contact Information		8			Established CNMI Residency Since				
9	I was last registered to vote under (Give previous legal last name, first name and middle name, <i>if applicable</i>) Island					ZIP Code				
10	Dath I declare under penalty of perjury that I am a person who is a citizen or national of the United States and who has at least some degree of Northern Marianas Chamorro or Northern Marianas Carolinian blood. For purposes of determining Northern Marianas descent, a person shall be considered to be a full blooded Northern Marianas Chamorro or Carolinian if that person was born or domiciled in the Northern Mariana Islands by 1950 and was a citizen of the Trust Territory of the Pacific Islands before the termination of the Trusteeship with respect to the Commonwealth. (Note: Northern Marianas (NM) Chamorro or Carolinian blood to the Superior Court who shall certify that such individual meets the NM descent requirements.) Executed this day of 20 at Citylsland									
11	Witness Signature (required only if applicant makes a mark as signature)		Witness Address/Contact In	formation				Date		

Warning: Any person who knowingly falsifies information may be guilty of a Class C Felony, punishable by up to 5 years of imprisonment and/or \$10,000 fine.