

**REQUEST FOR INITIAL ISSUANCE OF  
FREE PENNSYLVANIA DEPARTMENT OF STATE ID  
FOR VOTING PURPOSES**

Last Name:	First Name:	Middle Initial:	Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
Date of Birth:	Social Security Number:	<input type="checkbox"/> I HAVE NEVER been issued a Social Security Number.		
Street Address:	City:	State: PA	Zip Code:	
County Where You Live:	Mailing Address (if different than street address):			
Telephone Number:	Email Address:			

If your ADDRESS has changed within the last 12 months, please provide your PREVIOUS ADDRESS below.

Street Address:	City:	State:	Zip Code:
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If your NAME has changed within the last 12 months, please provide your PREVIOUS NAME below.

Last Name:	First Name:	Middle Initial:	Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
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☐ Please check here if you registered to vote or changed your voter registration within the last 30 days.

**By my signature below, I hereby:**

- (1) State that I am the person whom I represent myself to be herein, and affirm that the information given on this form is true and accurate and made subject to the criminal penalties imposed by law for violation of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities);
- (2) Authorize the Pennsylvania Department of Transportation and the Pennsylvania Department of State to exchange information, including information concerning my Social Security Number, for purposes of confirming my Social Security Number and whether I am a registered voter; and
- (3) Authorize the Pennsylvania Department of State to verify any information given, including verification with the Social Security Administration or the appropriate county board of elections, in order to issue me the Pennsylvania Department of State ID for voting purposes for free.

Date of Signing: \_\_\_\_\_ Signature of Voter: \_\_\_\_\_

**OFFICIAL USE ONLY BELOW THIS LINE**

DLC Site Number: \_\_\_\_\_

DLC Examiner Number: \_\_\_\_\_

SURE Registration Verified By: \_\_\_\_\_

Record Number Created: \_\_\_\_\_

SURE Voter ID Number: \_\_\_\_\_

Date Processed: \_\_\_\_\_ By: \_\_\_\_\_