

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

VOTER REGISTRATION APPLICATION DOMESTIC VIOLENCE ADDRESS CONFIDENTIALITY PROGRAM

Check One: New Applic	ration Re-Certification	Name Change	Address Change
Date of Application:			
Ms. Please Print: Last Name Miss Mrs. Mr.	First Name	Mi	ddle Name or Initial
Residence Address	City or Town		Zip Code
Mailing Address (if different)	City or Town		Zip Code
Phone:		Date of Birth:	
By completing this form, I understan	d that:		
• I hereby cancel my current voter regis	tration (if applicable).		
• If mail sent to me by the Secretary of certification to participate in the Addres	State is returned by the United States Poss Confidentiality Program.	ostal Service as undeli	verable, I will lose my status and
• I must notify the Secretary of State at	least 7 days prior to moving from the R	esidence Address prov	vided on this form.
and/or the safety of my children. I hav	as defined in Section 17-28-2(c) of the e a restraining order or no contact order		
(Name of Cour	t, City, State)		(File #)
Issued against	(Name of Person)		
OR I reside in the same household as _ who has a restraining order or no conta	(Name of Victim of Dom	nestic Violence)	
who has a restraining order of no conta	et order issued by		
(Name of Cour	t, City, State)	.,	(File #)
Issued against	(Name of Person)	, who has knowl	edge that I live in the same household
(Signature of Applicant)	(Dat	e)	

(Signature of Person Who Assisted in the Preparation of this Application and Name of Agency)