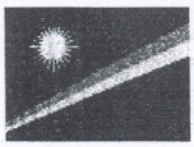
Republic of the Marshall Islands
Electoral Administration
POST OFFICE BOX 1078
MAJURO, MARSHALL ISLANDS 96960
Tel (692) 625-8713 Fax (692) 625-5353



AFFIDAVIT ON APPLICATION FOR REGISTRATION

☐ New register
☐ Re-register
Previous Ward/District:
Social Security # _____

1. My full name first name last name. middle initial

2. I was born at place of birth this day day of month , 19 year

3. I am years years old 4. Maternal home island name of atoll/island

5. I reside at name of place 6. My occupation is title name

7. I am a Marshallese citizen according to the following; (a);☐ Automatically, (b);☐ By birth, (c);☐ By Registration, Date date , or (d);☐ By Naturalization, Date date

8. Maternal landrights: name of atolls/islands

9. Paternal landrights: name of atolls/islands

10. I have land rights thru my parents (*number 8&9*).

11. I am not currently under sentence, parole or probation for a felony.

12. I am not currently certified to be insane.

13. I hereby apply to be entered in the Electoral Register with respect to name of district (Atoll/Island)
Electoral District, name of ward (Election Ward) Electoral Subdivision.

14. Mother's name: name of person Father's name: name of person

15. maternal clan: name of jowi Paternal clan: name of jowi

16. **I solemnly swear that the above statements are true, so help me God.**

Print Full Name name of person Signature name signed

Sworn and affirmed before me this day day of month 20 year

name signed
Signature of Notary Public
or Election Board Member

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AFFIDAVIT ON APPLICATION FOR REGISTRATION

☐ New register
☐ Re-register
Previous Ward/District:
Social Security _____

1. Likieo in eta ej
Mr/Mrs/Ms _____

2. Iar lotak ilo, _____ ilo, _____ raan in, _____ , 19 ____

3. Oran aõ iiõ ej _____ 4. Lemoran eo aõ ej _____

5. Ij jokwe ilo _____ 6. Ij jerbal ilo _____

7. Ña ij citizen in Marshall Islands ekkar ñan wawein kein (a);☐ Automatically, (b);☐ By birth, (c);☐ By Registration, Date _____ , ak (d);☐ By Naturalization, Date _____

8. Ewõr an Jinõ maroñ ion bwidej ilo ene kein: _____

9. Ewõr an Jema maroñ ion bwidej ilo ene kein: _____

10. Ewõr aõ maroñ ion bwidej ilo ene kein: _____

11. Kiõ ijjab bed iumin liep an kien ak naan in kakkõl, ak liakelok kin jabrewõt jorren ko rellap na ruõ kaki. Aet

12. Ilo ien in, ejelok aõ utamwe in kemelij. Aet

13. Ij kajitõk bwe en dreloñ eta ilo Electoral Register eo ikijien, _____ (Atoll/Island)
Electoral District, _____ Electoral Subdivision.
(Election Ward)

14. Etan Mama: _____ Etan Baba: _____

15. Jowi eo an Mama _____ Jowi eo an Baba _____

Ij kalimur im kamol ke melele kein ijin iloñ remol, kin menin Anij en jibañ iõ.

Capital letaik eta _____ Jain eo aõ _____

Je im kamol imaan meja ilo _____ raan in _____ 20 ____

_____
Jain an Board Member eo, ak
Notary Public eo ej lelok kalimur