



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
COMMONWEALTH ELECTION COMMISSION

Hafa Adai!

Enclosed you will find an Affidavit of Registration, an Affidavit Questionnaire and an Out of the CNMI Voters Individual Information. These forms are necessary for us to determine your eligibility to vote in Commonwealth elections and to process your registration once your eligibility has been determined and approved.

Please complete all portions of the Affidavit of Registration and Affidavit of Questionnaire forms. Ensure that you attach a copy of either your valid United States Passport, naturalization documents or Certificate of Live Birth to the Affidavit of Registration and return it to us as soon as possible.

If you will be out of the CNMI during the election period, you will need to fill out an Application for Absentee Voting no more than 75 days before or not less than 25 days before the election. The application for Absentee Voting is necessary in order for an absentee ballot to be sent to you; otherwise you will have to vote at the polling place here in the CNMI.

Respectfully,

A blue ink signature of Robert A. Guerrero, written in a cursive style.

ROBERT A. GUERRERO
Executive Director



Instructions for Completing the Affidavit of Registration

1 CMC § 6205 (c) requires that you provide us with your last four of your social security number, your full legal name and your date and place of birth and your residence in the Commonwealth of the Northern Mariana Islands (CNMI), to include your mailing address here in the CNMI.

For village, please include the village of your residence here in the CNMI. Island should also include the island of residence in the CNMI. Those who reside in Oleai Village should place Oleai under Village and Saipan under island. Those who reside in San Jose Village should place Tinian as their island of residence.

If you have registered before and have since had a change of name due to marriage, divorce or had a legal change of name, please register under your present name, but include your previous name next to your current legal name in the Affidavit of Registration. Please include your legal document authenticating your change of name.

If you are changing your election district, please complete your registration as you normally would, except that you will indicate your new village (and island, if necessary) and we will make the change of election district. Those who are registering for the northern islands should place "Northern Islands" under the village and island.

All registrants who have not previously provided the Commission with evidence of their U.S. citizenship or national status are required to do so. You would need to provide the Commission with this evidence once. Evidence of U.S. citizenship status accepted are naturalization certificate, citizenship certificate, valid U.S. Passport or a certificate of live birth issued by a government. Those born outside the United States or its jurisdiction must provide the Commission with other documents that show that they are qualified for U.S. Citizenship. Form TTPI citizens who were in the CNMI from November 4th, 1981 through November 4th, 1986 (continuous) are required to provide evidence of continuous domiciliary and residency in the CNMI for the five year period (1981-1986) as required by Article 3 (b) of the Covenant.

The Affidavit of Registration must mailed directly to the Commonwealth Election Commission, P.O. Box 500470, Saipan, MP 96950-0470. Facsimile or other electronic means will not be accepted. Election regulation requires that the mailing envelope be postmarked from a location outside of the CNMI for registration for those residing outside of the CNMI.

If you are registered to vote in a jurisdiction outside of the CNMI, you must re-establish your domiciliary and residency in the CNMI for a period of 120 days before an election as mandated by Article VII, Section 1 of the CNMI Constitution.

Pursuant to 1 CMC § 6201, eligibility to vote in a CNMI election is as follows:

(a) Pursuant to Article VII, Section 1 of the Constitution of the Commonwealth of the Northern Mariana Islands, a person is eligible to vote who, on the date of the election, is 18 years of age or older, is domiciled in the Commonwealth, is a resident in the Commonwealth and has resided in the Commonwealth for a period of time provided by law, is not serving a sentence for a felony, has not been declared by a court to be of unsound mind, and is either a citizen or national of the United States.

(b) Pursuant to Article VII, Section 2 of the Commonwealth Constitution, a person shall not be denied the right to vote because that person is unable to read or write.

(c) Under the authority of Article VII, Section 1 of the Commonwealth Constitution, no person shall be eligible to vote who has not resided in the Commonwealth at least 120 days prior to the Election Day.

(d) Consistent with Article VII, Section 1 of the Commonwealth Constitution, no person who is confined to a mental institution shall be eligible to vote.

(e) In accordance with Article VII, Section 1 of the Commonwealth Constitution, no person serving a sentence for a felony, as defined by Section 6003(t) of this part, shall be eligible to vote.

(f) No person shall register or vote in any other precinct than that in which the person resides.

Instructions for Completing the Questionnaire

The questionnaire is for the Commission's as it will be used to determine your eligibility to register to vote in the CNMI. Please keep in mind that you must be away from the CNMI for numerous reasons, such as education, employment, medical, business, military, etc., but with the intention that the CNMI is your domiciliary and your residence outside the CNMI, no matter the length of time, is temporary. On this questionnaire, you must include your residence where you presently reside.

Other Information

The application to vote absentee should be completed only if you're already a registered voter. Only registered voters could be issued an absentee ballot. Please ensure that the address you provide in this application is the address where you want your ballot mailed to. Again, ensure that the address you placed on the application for absentee voting is the address where you will be in the months leading to an election.

Finally, please ensure that your signature on your Affidavit of Registration and Affidavit Questionnaire, you application for absentee voting are the same. The Commission, by law, is required to compare the signatures to ensure that they match. Signatures that do not match may be rejected and the ballots are either not issued or not counted.

Thank you and we hope your voting experience in the CNMI is enjoyable and meaningful. If you have any questions, please do not hesitate to contact us at (670) 664-8683 (VOTE) or email us at executivedirector@votecnmi.gov.mp.



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
AFFIDAVIT OF VOTER REGISTRATION APPLICATION



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

- ☐ Island of Saipan – Election District: _____
☐ Island of Tinian – Election District 6
☐ Island of Rota – Election District 7

IMPORTANT: PLEASE PRINT
CLEARLY IN BLACK INK.
FAILURE TO COMPLETE ALL
ITEMS MAY PREVENT
ACCEPTANCE OF THIS
APPLICATION.

CEC OFFICE USE ONLY:

Affidavit No: _____

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

1	Last Four (4) Digits of Social Security Number XXX-XX- _____	2	Date of Birth ____ / ____ / ____	3	Gender (Circle One) Male Female
4	Full Legal Last Name	First Name		Middle	
5	Physical Residence Address (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	Place of Birth	9	Established CNMI Residency Since
10	I was last registered to vote under (If applicable) (Give previous legal last name, first name and middle name)		Island	ZIP Code	
11	Are you currently registered to vote in another state or U.S. jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, please complete the following: I was registered to vote in: _____ in the State of _____, _____, _____ Last Registered Address County/City State Zip Code and hereby authorize cancellation of my previous voter registration.				
12	<div>I hereby swear (or affirm) that:</div> <div><div>a. I am a citizen of the United States of America (If no, do not continue completing this form)</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> <div><div>b. I am at least 18 years of age by the date of the election. (If no, do not continue completing this form)</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> <div><div>c. I am a resident of the election district in the Commonwealth of the Northern Mariana islands as indicated above for at least 120 days prior to the election.</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> <div>The residency stated in this affidavit is not simply because of my presence in the CNMI, but that the residence was acquired to make the CNMI my legal residence with all the accompanying obligations therein.</div> <div><div>Signature</div> _____ Date: _____</div>				
13	Witness Signature (required only if applicant makes a mark as signature)		Witness Address/Contact Information		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.

Notice: The office at which a person registers to vote is confidential. A person’s declination to register to vote is also confidential and is used for voter registration purposes only as mandated by the National Voter Registration Act of 1993.

(This portion must be completed)

14	Commonwealth of the Northern Mariana Islands Previous Voter Registration Information (Cancellation)	
	<input type="checkbox"/> No, I have never registered to vote in the past. (If no, stop and skip this box.)	
	<input type="checkbox"/> Yes, I am registered to vote in another jurisdiction. (If yes, the information below must be completed.)	
	Full Legal Name _____ Date of Birth _____	
	Address at which you were previously registered to vote _____ Last 4 digits of your Social Security Number _____	
City/Count/Town _____ State _____ Zip Code _____		
This cancellation information will be sent to the city/county/state entered above that you previously registered.		



COMMONWEALTH ELECTION COMMISSION AFFIDAVIT QUESTIONNAIRE

OFFICE USE ONLY

AFFIDAVIT NO: _____ --- _____

PRINT CLEARLY IN BLACK INK.

1	LAST NAME	FIRST NAME	MIDDLE INITIAL
2	DATE OF BIRTH ____/____-____ Month Day Year	3	PLACE OF BIRTH _____ CITY STATE
4	CNMI RESIDENCE/VILLAGE (P.O. Box or General Delivery is not acceptable)	ISLAND	ZIP CODE

For the Election Commission to determine your eligibility to vote in Commonwealth elections, you must furnish us with additional information by completing and returning this document, together with your Affidavit of Registration. Failure to complete all items will prevent acceptance of registration.

5	State reason of absence from the Commonwealth:	6	When was the last time you were in the CNMI and length of stay?
7	Are you currently employed in the US? (Circle One) YES NO If yes, length of employment:		
8	Are you a dependent of anyone in military/school/medical care in the US? (Circle One) YES NO	9	Are any of your dependents presently in school/medical care in the US? (Circle One) YES NO
10	Have you ever registered to vote in the CNMI? (Circle One) YES NO If yes, indicate when and under what full legal name?		
11	Do you have a current CNMI Driver's License? If yes, issued date? (Circle One) YES NO	12	If not, have you ever had a CNMI Driver's License? If yes, issued date? YES NO
13	When was the last time you filed your 1040 tax report in the CNMI?	14	Have you ever had the intention never to reside in the CNMI? (Circle One) YES NO
15	What jurisdiction do you consider your permanent home?		

I hereby affirm that: 1) I am the person named above; and 2) All information furnished on this application is true and correct.

Signature or Mark of Applicant (Only signature or mark of applicant is acceptable):	Date
Witness Name & Signature (required only if applicant makes a mark)	Date
Mailing Address (Witness)	Contact No. (Witness)