

Murphy, Patrick E(Read Only) (Doc Images)

PAL

110225855

Murphy, Patrick E

500 S U S HWY 1 #APT 203, JUPITER, 33477

REQUIRED	1	Check boxes that apply: <input type="checkbox"/> New Registration <input checked="" type="checkbox"/> Address Change <input checked="" type="checkbox"/> Party Change <input type="checkbox"/> Name Change <input type="checkbox"/> Card Replacement <input type="checkbox"/> Signature Update						OFFICIAL USE ONLY: 05 06 30 1/03			
	2	Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If NO, you cannot register to vote)						[REDACTED]			
	3	<input checked="" type="checkbox"/> I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.									
	4	<input checked="" type="checkbox"/> I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.									
IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.											
REQUIRED	5	Date of Birth (MM/DD/YYYY)		03 / 30 / 1983							
	6	If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE":									
	7	Last Name		Suffix (circle) Jr. Sr. II III IV		NONE		First Name		Middle Name/Initial	
		Murphy						Patrick		Erin	
	8	Address Where You Live (Legal Residence): town/city/sta.		Apt/Lot/Unit	City		County of Legal Residence		State	Zip Code	
		[REDACTED]		2407	Miami Beach		Dade		FL	33139	
	9	Mailing Address if Different from Above		Apt/Lot/Unit	City		Country		State	Zip Code	
		[REDACTED]			Miami		Dade		FL	33109	
	10	Address Last Registered to Vote		Apt/Lot/Unit	City		County		State	Zip Code	
		[REDACTED]			Miami		Dade		FL	33109	
11	Former Name if Making Name Change						Day Phone Number (optional)				
12	Party Affiliation (Check only one) <input checked="" type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> minor party (print registered party name):						<input type="checkbox"/> NONE				
13	Race/Ethnicity (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> White, not Hispanic										
14	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Do you need voting assistance at the polls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you interested in being a poll worker? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			State or Country of Birth Florida		
15	Are You: <input type="checkbox"/> Active Duty Military/Merchant Marine <input type="checkbox"/> Dependent of Active Duty Military/Merchant Marine <input type="checkbox"/> U.S. Citizen Currently Residing Outside the U.S.										
REQUIRED	16	OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.						SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant)			
								<div style="border: 1px solid black; padding: 5px; display: inline-block;"> X </div> Date: 1/10/2011			

Scan Date = 01/22/2015