



REPUBLIC OF THE MARSHALL ISLANDS
 ELECTORAL ADMINISTRATION
 P.O. BOX 1078
 MAJURO, MARSHALL ISLANDS 96960



Tel. # 692-625-3112/3840
 Fax # 692-625-3841

AFFIDAVIT ON APPLICATION FOR REGISTRATION

New Register _____
 Re-Register _____

- 1) Likieo in eta ej: Mr. Mrs. Miss _____.
- 2) Iar lotak ilo _____ ILO _____ ran in _____ 19____.
- 3) Oran ao yio ej _____.
- 4) Ij jokwe ilo _____.
- 5) Lukkun kabijuknen eo ao ej _____

6) Jerbal eo ao ej _____.

7) Na ij citizen in Marshall Islands ekkar non wewin kein:

- Automatically By birth
 By registration (date _____) By naturalization (date _____)

8) Ewor ao maron ion bwirej ilo en kein: _____

9) Ewor an Jema maron ion bwirej ilo ene kein: _____

10) Ewor an Jino maron ion bwirej ilo ene kein: _____

11) Kio ijab bed iumin liep an kiem ak nan in kakkol, ak liakelok kin jabrewot jorren ko rellap na ruo kaki.

12) Ilo ien in, ejelok ao utamwe in komelij.

13) Ij kajitok bwe en dreton eta ilo Electoral Register eo ikijien _____

Electoral district _____ electoral subdivision _____ ATOLL _____
ELECTION WARD

14) Ij kalimur im kamol ke melele ko ijin ilon remol, kin menin Anij en jiban io.

15) Etan Jinom ak Jomam:

Social Security No.: _____

Etan Jinom: _____

Etan Joman: _____

 Jain eo an dri apply eo

 Capitol letaik etam

Je im kamol iman mej ilo _____ ran in _____, 20____

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