

**UNITED HOUMA NATION  
VOTER REGISTRATION APPLICATION FORM**

**You can use this form to:**

- 1) Register to vote in United Houma Nation elections
- 2) Change your name and address for voter registration only

**To register you must:**

- 1) Be an enrolled member of the United Houma Nation
- 2) Be at least 18 years old on or before the next election
- 3) Have not been convicted of a felony or been under judgment of interdiction for mental incompetence
- 4) Reside or be domiciled in the district in which you seek to register

**Instructions for Completing this Form:**

All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all numbered questions that apply to you.

Box 1 Indicate whether the application is for a new registration or change of name or address.

Box 2 Self explanatory.

Box 3 'Residence address' means the address where you live. Do not indicate post office boxes as your residence address. Complete 'mailing address' only if you have a different mailing address than your residence address. Draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show and schools, churches, stores or landmarks near where you live and write the name of the landmark.

Box 4 If you reside outside of the districts defined by the Tribal Council, you must indicate your Domicile or Home Community. Your domicile or home community is the location of your parents, siblings, etc. that relationship. For domicile address, identify the address of a family member residing within that district. The address identified on this application will determine which district elections you will have the opportunity to participate in.

Box 5-11 Self explanatory. Your social security number is used for identification purposed only.

Box 12-13 If you are requesting a name or address change, you must indicate the name or address you indicated on your previous application.

Box 14 Questions 14a-c are optional. You will not be required to answer these questions to register to vote.

Box 15 If you are unable to write, you must have two witnesses that see your mark to complete your application.

<p><b>All UHN registered voters will receive a voter identification card. You will be required to present your voter ID card at all tribal elections to vote.</b></p>
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**Send completed applications to the address listed below.**

**Questions? Call or write:**

**Tribal Registrar of Voters  
United Houma Nation  
20986 Hwy. 1  
Golden Meadow, LA 70357  
(985) 475-6640**

**1) Check applicable box:**

- New Registration  
 Name Change  
 Address Change

## UNITED HOUMA NATION VOTER REGISTRATION APPLICATION

(Print clearly in ink, preferably black or typed)

<b>2) Name of Applicant</b>				
Last	First	Middle or Maiden		
<b>3a) Resident Address</b>				<b>3c) Give Location</b>
House or Apt. No. & Street	City or Town	State	Zipcode	
<b>3b) Mailing Address if Different</b>				
Post Office Box or Alternate Address	City or Town	State	Zipcode	
<b>3c) Contact Information</b>				
Home Number (    )			Alternate Number (    )	
<b>4a) Domicile/Home Community</b>		<b>4b) Domicile Address</b>		
		House or Apt. No. & Street	City or Town	State    Zipcode
<b>5) Age</b>	<b>6) Date of Birth</b>	<b>7) Social Security No.</b>	<b>8) Gender</b>	<b>9) Tribal Roll No.</b>
	/    /	-    -	(circle one) <b>Male</b> <b>Female</b>	
<b>10b) Father's Name</b>		<b>10b) Mother's Name</b>		<b>11) Spouse's Name</b>
<b>12) Former Registered Residence Address</b>				<b>13) Former Registered Name, If Applicable</b>
Address		State	Zipcode	
<b>*14a) Last Grade Completed</b>		<b>*14b) Occupation</b>		<b>*14a) Are you a US Registered Voter? (circle one)</b>
				Yes    No
<b>15) If you are unable to sign your name, two witnesses to your mark must sign here.</b>				
Signature			Signature	

**AFFIRMATION:** I do hereby solemnly swear or affirm that I am an enrolled member of the United Houma Nation, that I am not currently under a judgment of interdiction for mental incompetence, that I reside or am domiciled in the district in which I seek to register, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to loss of voting privileges as determined by the UHN Tribal Council.

/    /

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:		District: _____
<input type="checkbox"/> Application Incomplete	Remarks: _____	
<input type="checkbox"/> Application Approved		
<input type="checkbox"/> Application Denied		
Issue Date: ____ / ____ / ____	Application Processed by: _____	