DEMOGRAPHIC FORM **MID-COLUMBIA CENTER FOR LIVING** **DATE: _____**

Name: _____ _____
First MI Last Maiden/Birth Name

Address: _____ _____ _____ _____
PO Box, Street Number City State Zip Code

Is it ok to send mail to this address? □ Yes □ No Drivers Lic # _____
(DUII only)

Primary Phone: _____ (Note: We will use these phone numbers to contact you about appointments and to leave messages).

Alternate Phone: _____

Male □ Female□ Non-Binary □ DOB: ____/____/_____ Age: _____ Social Security # _____

For Minor Children: Who is Contact Person: _____ Phone: _____

Is Child in DHS Custody Y□ N□ Caseworker Name: _____

Have you previously been seen at Mid-Columbia Center for Living: Y□ N□

Agency Voter Registration Form
State of Oregon

If you are not registered to vote where you live now would you like to register here today?

□ YES, I want to register to vote. Where you submit your registration is confidential.

□ NO, I do not want to register to vote or I am already registered. The fact that you checked "no" is confidential.

IF YOU DO NOT CHECK A BOX, WE WILL ASSUME YOU CHOOSE NOT TO REGISTER.

_____ _____
Signature Date

To Register To Vote In Oregon, You Must Be:

- A resident of Oregon
- A United States citizen
- At least 18 years old by Election Day.

Other Information:

➔Your county elections office will mail you a card to let you know that your registration was received.

➔You may ask us to help you fill out the registration, or you may fill it out yourself. The service or benefits you might receive from this agency will not be affected by your decision to register or not to register or to select a party preference.

➔If you believe someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register, or your right to choose your political preference, you may file a complaint with the Secretary of State, Salem, Oregon 97310 Phone (503) 986-1518.