

STATE OF _____		
VOTER IDENTIFICATION CARD		
	NAME:	
	DATE OF BIRTH:	AGE:
	TEACHER'S NAME:	
	SIGNATURE:	

STATE OF _____		
VOTER IDENTIFICATION CARD		
	NAME:	
	DATE OF BIRTH:	AGE:
	TEACHER'S NAME:	
	SIGNATURE:	

STATE OF _____		
VOTER IDENTIFICATION CARD		
	NAME:	
	DATE OF BIRTH:	AGE:
	TEACHER'S NAME:	
	SIGNATURE:	

STATE OF _____		
VOTER IDENTIFICATION CARD		
	NAME:	
	DATE OF BIRTH:	AGE:
	TEACHER'S NAME:	
	SIGNATURE:	

STATE OF _____		
VOTER IDENTIFICATION CARD		
	NAME:	
	DATE OF BIRTH:	AGE:
	TEACHER'S NAME:	
	SIGNATURE:	

STATE OF _____		
VOTER IDENTIFICATION CARD		
	NAME:	
	DATE OF BIRTH:	AGE:
	TEACHER'S NAME:	
	SIGNATURE:	