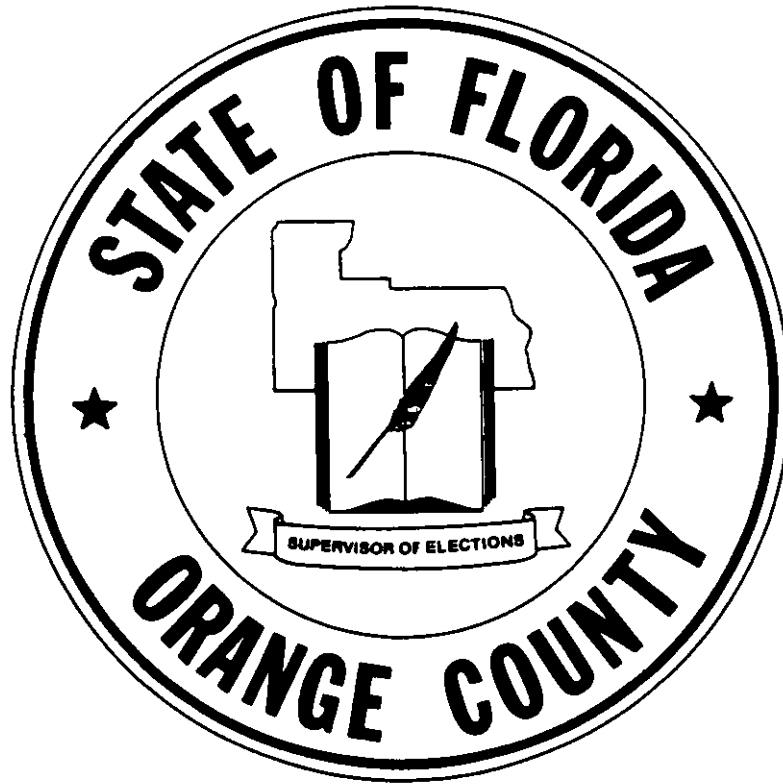


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ORANGE COUNTY VOTER OUTREACH SERVICE

BETTY CARTER

SUPERVISOR OF ELECTIONS

1 North Orange Avenue, Suite 200

Orlando, Florida 32801

244-2070

I _____ NAME
 II _____ IDENTIFICATION
 III _____ REGISTRATION SITE
 IV _____ 19____ DATE
 SIGNATURE OF DEPUTY REGISTRAR

ORANGE COUNTY VOTER REGISTRATION - SERVICE REQUESTED:

- A New Registration in Orange County
- B Orange County Voter Changes
 Change of address within Orange Co.
 Change of name: Previous name _____
 Change of Party: Previous party _____
 (Must surrender card or complete "Replace I.D. Card" section.)
 Registration Site _____
- C Replace I.D. Card (I hereby apply for replacement of my Voter I.D. card and state that my card has been lost, stolen or destroyed. (Signature in red area attests to this statement)
- D Telephone Number (daytime) _____

Items 1 through 15 MUST BE completed for ALL PERSONS

1 PRINT NAME _____
Last, First, Middle (or Initial)

2 RESIDENCE ADDRESS _____
House Number, Street Name & Type, Apt. or Lot #

3 MAIL ADDRESS _____
Street Address or P.O. Box
City/State/Zip Code

4 POLITICAL PARTY _____

5 TODAY'S DATE _____

6 BIRTH DATE _____
Month Day Year

7 SEX Male Female

8 RACE W H B A I

9 WHERE BORN? State _____ or Foreign Country _____
If foreign country, obtained citizenship by means of _____

13 PARTY _____

15 BETTY CARTER, Supervisor of Elections, Orange County, Florida
 Deputy _____

- 10 Have you ever been convicted of a felony or declared mentally incompetent?
 Yes No. If "YES", have your rights or competency been restored?
 YES NO
- 11 IF the voter requires assistance in voting, fill in the following space-
 Reason for assistance: _____
- 12 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, and that I am qualified to register as an elector under the constitution and laws of the State of Florida, and that I am a citizen of the United States and a legal resident of Orange County, Florida; that I have
 Never previously registered to vote in any other jurisdiction, or
 Been registered under the name of _____ at _____ and request that my prior registration be cancelled.
(state or county)
- I state under oath that all the information on this form is true.
- 14 Voter's signature within red area. ↓

PRIOR REGISTRATION CANCELLATION

PLEASE CANCEL MY VOTER REGISTRATION

a _____ NAME b _____ DATE OF BIRTH

c FORMER ADDRESS: _____
 CITY: _____
 COUNTY: _____
 STATE: _____

I AM NOW REGISTERED TO VOTE IN ORANGE COUNTY, FLORIDA

d by _____ DEPUTY e x _____ SIGNATURE OF VOTER

BETTY CARTER
Supervisor of Elections
Orange County, Florida
(4/88)

REGISTRATION DATE: _____

TEMPORARY RECEIPT 78719

YOU SHOULD RECEIVE YOUR VOTER IDENTIFICATION CARD WITHIN THIRTY (30) DAYS-RETAIN THIS RECEIPT UNTIL THAT TIME.

NAME: _____
 ADDRESS: _____

BETTY CARTER
SUPERVISOR OF ELECTIONS
2ND FLOOR
1 NORTH ORANGE AVENUE
ORLANDO, FLORIDA 32801
(407) 244-2070

DEPUTY: _____

DATE: _____

3 revised registration training book

Thank you for helping us register voters in Orange County. Having neighborhood registration sites and neighborhood registration drives is invaluable to me and to the citizens of Orange County. I appreciate your service.

Handwritten signature of Betty Carter in cursive script.

BETTY CARTER, SUPERVISOR OF ELECTIONS

.....
This workbook contains information you have heard during the training .
sessions. Please use it to make notes in now and to refer to when you .
are registering voters. .
.....

Before anyone can register in Orange County, they must be:

AMERICAN CITIZENS

by birth or naturalization. If not born in the USA, must state place and date of naturalization.

RESIDENTS OF ORANGE COUNTY

there are no length of residency requirements, but proof of Orange County residency must be shown.

18 YEARS OLD

You can register persons 17 years and 6 months old on the day of registration. They will be sent a card after their 18th birthday.

IN POSSESSION OF THEIR CIVIL RIGHTS

If they have been convicted of a felony or adjudicated mentally incompetent, their rights must have been restored before they can register.

Registration form

The inside of the front and back covers shows a copy of the registration form, which is padded in groups of 50. The dotted lines indicated perforations.

Note that each perforated piece is numbered.

If, during registration, you find the voter is not eligible to register, write VOID across the whole page and VOID across the stub, tear off the form below the stub and return it with the rest of your materials. Do not destroy any form or part of any form. They all need to be returned to our office.

Voter Registration Office
2nd floor
1 North Orange Avenue
Orlando, Florida 32801
244-2070

WHO CAN REGISTER?

revised registration training book

Complete for everyone

Parts 1,2,3 & 4 need to be completed for each person.

Part 1 is filled in in the same way for everyone.

ORANGE COUNTY VOTER REGISTRATION SERVICE

I _____ NAME	II _____ IDENTIFICATION	III _____ REGISTRATION SITE
IV _____ 19____ DATE	V _____ SIGNATURE OF DEPUTY REGISTRAR	

- I. NAME - Print last, first, middle initial and any qualifiers, such as Jr, Sr, III, etc. The name should be printed to match the voter's signature.
- II. IDENTIFICATION - You must see some form of identification which contains both the voter's name and address. In the "Identification" space, indicate what kind of ID you were shown, eg FDL for Florida Driver's License, ckbk for checkbook, ut bill for utility bill, etc. You cannot use a social security card or birth certificate for ID as they do not have an address.
- III. REGISTRATION SITE - Filled out by our office on top of pad.
- IV. DATE - write the date you are doing the registration.
- V. DEPUTY - That's you! Sign your name here (not initials).

Part 2. Check the activity that the person is requesting.

For Change of name or Political Party, fill in the FORMER name or political party.

ORANGE COUNTY VOTER REGISTRATION -- SERVICE REQUESTED:

- A New Registration in Orange County
- B Orange County Voter Changes
- C Replace I.D. Card (I hereby apply for replacement of my Voter I.D. card and state that my card has been lost, stolen or destroyed)
(Signature in red area attests to this statement)
- D Telephone Number (daytime) _____
- Change of address within Orange Co
- Change of name:
Previous name _____
- Change of Party:
Previous party _____
- (Must surrender card or complete "Replace I.D. Card" section.)

A. Check here if this is a person who is not registered in Orange County.

B. Fill in this portion for a voter who is NOW registered in Orange County, but needs to make a change. Follow the instructions printed on the form.

CHANGE OF ADDRESS - Voter has moved within Orange County.

If "old" address is not in Orange County, this is not a change, but a new registration in Orange County.

CHANGE OF NAME - Voter has had name changed due to marriage or other legal process. Indicate former name on appropriate line.

CHANGE OF PARTY - Indicate former political party affiliation on appropriate line.

You must collect old voter I.D. card and attach to form for return to office. If voter does not have card, circle whether card was "lost, stolen or destroyed" following "Replace ID Card".

C. REPLACE I.D. CARD -Check this box if voter needs a new card with no changes. Make the voters aware that they are signing the oath pertaining to lost/stolen/destroyed card.

D. TELEPHONE NO. - Very helpful to our office if you can get daytime phone number for each person registering.

SERVICE REQUESTED - COMPLETE FOR EVERYONE
(PART 2)

Part 3: COMPLETE FOR ALL PERSONS


1 PRINT NAME _____
Last, First, Middle (or Initial)

2 RESIDENCE ADDRESS _____
House Number, Street Name & Type, Apt. or Lot #

3 MAIL ADDRESS _____
Street Address or PO Box

4 POLITICAL PARTY _____ 5 TODAY'S DATE _____
City/State/Zip Code

6 BIRTH DATE _____ 7 SEX Male Female
Month Day Year

8 RACE W H B A I 

9 WHERE BORN? State _____ or Foreign Country _____ 13 PARTY _____
If foreign country, obtained citizenship by means of

10 Have you ever been convicted of a felony or declared mentally incompetent?
 Yes No. If "YES", have your rights or competency been restored?
 YES NO

11 IF the voter requires assistance in voting, fill in the following space
 Reason for assistance _____

12 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, and that I am qualified to register as an elector under the constitution and laws of the State of Florida, and that I am a citizen of the United States and a legal resident of Orange County, Florida; that I have
 Never previously registered to vote in any other jurisdiction, or
 Been registered under the name of _____ and request that my prior registration be cancelled at _____ (state or county)

I state under oath that all the information on this form is true

14 _____
↓ Voter's signature within red area ↓

BETTY CARTER, Supervisor of Elections, Orange County, Florida
 Deputy

1. NAME - On top line, print voter's last name, first name, middle initial and any qualifiers such as JR, SR, III, etc. (If active military or military dependent, put abbreviation "MIL" after name.)
2. RESIDENCE ADDRESS - Must be filled in. Write street number and name, apartment number if applicable, City and Zip Code. A P.O. Box is not acceptable as a residence address.
3. MAILING ADDRESS, IF DIFFERENT - Only to be filled in if different from residence address. Ask voter if mail is received at residence, and if so, do not fill in this line.
4. POLITICAL PARTY - Indicate desired party affiliation. Florida has a closed primary system, which means that only persons registered as Democrat or Republican can vote in the party primaries (Presidential Preference and fall primaries). Voters can register in another party or No Party Preference, but will only be able to vote for non-partisan races and on ballot issues in the primary elections.
 For those registering "Independent", make sure they realise this is a political party.
**** Everyone can vote in the November general election, no matter what party they register in. ****
5. TODAY'S DATE- Write date doing registration by month/day/year.
6. DATE OF BIRTH - write month/day/year.

Revised registration training book

7. SEX - Check box beside "Male" or "Female".
8. RACE - Check appropriate box beside race as below:
W - White, H - Hispanic, B - Black, A - Asian-Pacific or Oriental
or I - American Indian.
9. PLACE OF BIRTH - If in United States, write the name of the state.
IF NOT USA, write name of foreign country.
Persons born outside the USA must say how they became
US citizens. If born to American parents, write
"parents US citizens".
Otherwise, you must write place of court and date
when they were naturalized.
Persons born in Puerto Rico, Guam, American Virgin
Island and the Canal Zone are US citizens by birth.
10. Have you ever been convicted of felony or declared mentally incompetent?
Check YES or NO. (Felons and persons declared mentally incompetent lose
their civil rights).

If the answer to either of these questions is YES, make sure their civil
rights have been restored before registering. (Check the YES box).
11. If a person requires special assistance to vote, write the reason on the
line provided.
12. OATH: Before having the voter read the oath, check the box "never
previously registered to vote in any other jurisdiction" or "been
registered under the name of _____ (fill in "Same" or previous
name) at _____ (write place of prior registration).

"I state that all of the information on this form is true "is read to all
people taking the oath.

Have voter raise right hand and read the oath.
13. PARTY BOX: After voter has read oath, have them put first letter of
political party in Party Box.
14. SIGNATURE: Ask voter to sign so that the signature is entirely within
red area on the form.
15. DEPUTY: Sign on the line next to number 15. If you fail to witness this
the voter's signature, this certificate will not be valid.

revised registration training book

TEMPORARY RECEIPT

YOU SHOULD RECEIVE YOUR VOTER IDENTIFICATION CARD
WITHIN THIRTY (30) DAYS-RETAIN THIS RECEIPT UNTIL THAT
TIME.

NAME: _____

ADDRESS: _____

BETTY CARTER
SUPERVISOR OF ELECTIONS
2ND FLOOR
1 NORTH ORANGE AVENUE
ORLANDO, FLORIDA 32801
(305) 244-2070

DEPUTY: _____

DATE _____

Part 4

This is the **TEMPORARY RECEIPT** which is given to each voter.

I.D. cards will be mailed. It may take 30 days before the permanent card is received. Our telephone number is on the temporary receipt, if the voter needs to contact us.

1. NAME - Fill in the voter's name.
2. ADDRESS - Let voter fill in own address after you give them receipt.
3. DEPUTY - Write your initials.
4. DATE - Fill in date you are registering.

Prior Registration Cancellation

If voter has previously registered in another area, take his or her old card and attach it to this form. If the voter does not have their previous card, fill out Part 5.

PRIOR REGISTRATION CANCELLATION

PLEASE CANCEL MY VOTER REGISTRATION

a _____ b _____
NAME DATE OF BIRTH

c FORMER ADDRESS: _____

CITY: _____

COUNTY: _____

STATE: _____

I AM NOW REGISTERED TO VOTE IN ORANGE COUNTY, FLORIDA

d by _____ e _____
DEPUTY SIGNATURE OF VOTER

BETTY CARTER
Supervisor of Elections
Orange County, Florida

f REGISTRATION DATE: _____

11-9 (12-86)

- a. NAME - Write name under which voter was previously registered.
- b. DATE OF BIRTH - Write month/day/year.
- c. FORMER ADDRESS - Complete with former address, especially the city and state.
- d. DEPUTY - That's you, again!
- e. SIGNATURE OF VOTER - Have voter sign, with previous name if appropriate, on X _____ line.

f. REGISTRATION DATE - Enter date you are doing registration.

We will send this section to the previous registration office so the voter will be cancelled from their rolls. Remember, if you have taken their old registration card, you do not need to fill out this part.

TEMPORARY RECEIPT - COMPLETE FOR EVERYONE
CANCELLATION OF PRIOR REGISTRATION - COMPLETE WHEN NECESSARY

I _____ II _____ III _____
 NAME IDENTIFICATION REGISTRATION SITE

IV _____ 19 _____ V _____
 DATE SIGNATURE OF DEPUTY REGISTRAR

ORANGE COUNTY VOTER REGISTRATION - SERVICE REQUESTED:

- A New Registration in Orange County
- B Orange County Voter Changes
 Change of address within Orange Co.
 Change of name: Previous name _____
 Change of Party: Previous party _____
 (Must surrender card or complete "Replace I.D. Card" section.)
 Registration Site _____
- C Replace I.D. Card (I hereby apply for replacement of my Voter I.D. card and state that my card has been lost, stolen or destroyed.)
 (Signature in red area attests to this statement)
- D Telephone Number (daytime) _____

Items 1 through 15 MUST BE completed for ALL PERSONS

1 PRINT NAME _____
Last, First, Middle (or initial)

2 RESIDENCE ADDRESS _____
House Number, Street Name & Type, Apt. or Lot #

3 MAIL ADDRESS _____
Street Address or PO Box
City/State/Zip Code

4 POLITICAL PARTY _____

5 TODAY'S DATE _____

6 BIRTH DATE _____
Month Day Year

7 SEX Male Female

8 RACE W H B A I

9 WHERE BORN? State _____ or Foreign Country _____
 If foreign country, obtained citizenship by means of _____

13 PARTY

BETTY CARTER, Supervisor of Elections, Orange County, Florida
 15 Deputy _____

- 10 Have you ever been convicted of a felony or declared mentally incompetent?
 Yes No. If "YES", have your rights or competency been restored?
 YES NO
- 11 IF the voter requires assistance in voting, fill in the following space-
 Reason for assistance: _____
- 12 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, and that I am qualified to register as an elector under the constitution and laws of the State of Florida, and that I am a citizen of the United States and a legal resident of Orange County, Florida; that I have
 - Never previously registered to vote in any other jurisdiction, or
 - Been registered under the name of _____
 at _____ and request that my prior registration be cancelled.
 (state or county)
- I state under oath that all the information on this form is true.
- 14 Voter's signature within red area. ↓

PRIOR REGISTRATION CANCELLATION

TEMPORARY RECEIPT 78719

PLEASE CANCEL MY VOTER REGISTRATION

YOU SHOULD RECEIVE YOUR VOTER IDENTIFICATION CARD WITHIN THIRTY (30) DAYS-RETAIN THIS RECEIPT UNTIL THAT TIME.

a _____ b _____
 NAME DATE OF BIRTH

c FORMER ADDRESS: _____
 CITY: _____
 COUNTY: _____
 STATE: _____

I AM NOW REGISTERED TO VOTE IN ORANGE COUNTY, FLORIDA

d by _____ e _____
 DEPUTY SIGNATURE OF VOTER

BETTY CARTER
 Supervisor of Elections
 Orange County, Florida

f REGISTRATION DATE: _____

NAME: _____
 ADDRESS: _____

BETTY CARTER
 SUPERVISOR OF ELECTIONS
 2ND FLOOR
 1 NORTH ORANGE AVENUE
 ORLANDO, FLORIDA 32801
 (407) 244-2070

DEPUTY _____
 DATE _____