

**For Office Use Only**

Disaster #:

Application Date:

Parish of Residence #:

(Parish of residence when disaster occurred)

Number in Household:

EBT Card #:

**INSTRUCTIONS:** Complete this application honestly and to the best of your knowledge. If your household knows but refuses to give any requested information, it will not be eligible to receive supplemental nutrition assistance. When you are interviewed, you must show proof of identity. You may be required to show proof that your household lived in the disaster area at the time of the disaster. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for, get, or use Disaster Supplemental Nutrition Assistance benefits on your behalf.

Head of Household:

## Verified

Authorized Representative:

Home Address at time of disaster:

Address and Telephone Number  
where you live now (if different):

City: State: Zip Code:

City: State: Zip Code:

Phone Number:

Mailing Address (if different):

Parish at time of disaster:

City: State: Zip Code:

## Part A - Household Situation

	YES	NO
1. Was your household living in the disaster area at the time of the disaster? <b>If yes</b> , please answer the following questions:	<input type="checkbox"/>	<input type="checkbox"/>
a. Does your household plan to buy food before the end of the disaster benefit period?	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you lose food as a result of the disaster?	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the disaster damage or destroy your home or self-employment property? <b>If yes</b> , briefly explain:	<input type="checkbox"/>	<input type="checkbox"/>
d. Did the disaster delay, reduce, or stop your household's income?	<input type="checkbox"/>	<input type="checkbox"/>
e. Does your household have any cash or money in checking or savings accounts which you cannot get to because the bank is closed due to the disaster and the ATM is not working?	<input type="checkbox"/>	<input type="checkbox"/>
f. Does your household have any additional expenses as a result of the disaster? <b>If yes</b> , briefly explain:	<input type="checkbox"/>	<input type="checkbox"/>
2. Is anyone in your household employed by the Department of Children and Family Services?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a current Supplemental Nutrition Assistance	<input type="checkbox"/>	<input type="checkbox"/>
If so, in what State? _____ County/Parish: _____		

List the members of your household, **including yourself**, who were affected by the disaster who are living and eating with you.

- **DO NOT INCLUDE PEOPLE WHO WERE NOT PART OF YOUR HOUSEHOLD WHEN THE DISASTER HAPPENED.**
- **IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD.**

List each household member's social security number (SSN), if available. Applicants are not required to have or give their Social Security Number on this application in order to qualify for D-SNAP. Also, list each household member's date of birth, sex, race, and source and amount of take-home pay. List any other income your household members have received or expect to receive during the disaster benefit period.

PART B - HOUSEHOLD MEMBERS (Attach paper for more space)					Part C - Income	
First Name / Last Name	Social Security No.	Birth Date	Sex	Race	Employer/ Source/Type	Amount

  

PART D – RESOURCES		PART E – EXPENSES			
List all money your household will be able to get to during the disaster benefit period.		List disaster-caused expenses that your household paid or expects to pay during this disaster benefit period. DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD DURING THIS DISASTER BENEFIT PERIOD.			
	<u>AMOUNT</u>		<u>AMOUNT</u>		<u>AMOUNT</u>
Cash on hand		Food destroyed in disaster		Dependent care due to disaster	
		Moving and storage costs due to disaster		Cost to protect property during disaster	
Checking accounts		Funeral/medical expenses due to disaster		Cost to repair or replace items for home or self-employment property	
Savings accounts		Temporary shelter expenses		Other disaster-related expenses	
		Please explain any amounts listed above.			

## PART F - PENALTY WARNING

If your household gets Supplemental Nutrition Assistance benefits, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your Supplemental Nutrition Assistance benefits to make sure you were eligible for disaster aid.

DO NOT give false information or hide information to get or to continue to get Supplemental Nutrition Assistance benefits.

DO NOT give or sell Supplemental Nutrition Assistance benefits or authorization documents to anyone not authorized to use them.

DO NOT alter any Supplemental Nutrition Assistance authorization document to get Supplemental Nutrition Assistance benefits you are not entitled to.

DO NOT use Supplemental Nutrition Assistance benefits to buy unauthorized items such as alcohol or tobacco.

DO NOT use another household's Supplemental Nutrition Assistance benefits or authorization document for your household.

## PART G - CERTIFICATION AND SIGNATURE

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.

### **REQUIRED SIGNATURES: APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X)**

Applicant	Date	Authorized Representative (See note)	Date
Witness (if anyone signed with an X)	Date	DCFS Employee or a DSNAP worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Worker	Date	Economic Stability Manager or Designee (If Required)	Date

**Note:** If the applicant chooses to have an authorized representative apply for him, both the applicant **AND** the authorized representative must sign this form **OR** the applicant must sign a statement giving the authorized representative permission to apply on his behalf.

**Note: Disaster Supplemental Nutrition Assistance benefits expire 365 days after they are issued. Any benefits that are unused after 365 days will be lost and cannot be reinstated.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

A program complaint may be filed with the Department of Children and Family Services (DCFS) by emailing [DCFS.Webmaster.DCFS@LA.GOV](mailto:DCFS.Webmaster.DCFS@LA.GOV) or by calling 225-342-2342.

You may file a civil rights complaint with the Department of Children and Family Services (DCFS) by completing the DCFS Customer Complaint Form. Turn the form in to a local office; mail it to DCFS Civil Rights Section, P O Box 1887, Baton Rouge, LA 70821; email [DCFS.BureauofCivilRights@LA.GOV](mailto:DCFS.BureauofCivilRights@LA.GOV), or; call (225) 342-0309. You may file a civil rights complaint with DCFS and USDA or only DCFS.

## VOTER REGISTRATION

**If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)**

☐ I want to register to vote. ☐ I do not want to register to vote.

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

**If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)**

☐ Yes, I would like help. ☐ No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact the Department of Children and Family Services at 1-888-LAHELPU or 1-888-524-3578.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to the DCFS ES Document Processing Center at P.O. Box 260031, Baton Rouge, LA 70826-9918.

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**Signature or Mark**

**Name Typed or Printed**

**Date**

Signatures of Two Witnesses If Signed With Mark:

1) \_\_\_\_\_ 2) \_\_\_\_\_

## **COMPLAINTS**

If you believe that 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 in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225)922-0900 or 1-800-883-2805.



**ACADIA**

568 NW Court  
Circle  
Crowley, LA  
70526-4363  
(337) 788-8841

**ALLEN**

P. O. Box 150  
Oberlin, LA  
70655-0150  
(337) 639-4966

**ASCENSION**

828 S. Irma  
Blvd., Rm. 205  
Gonzales, LA  
70737-3631  
(225) 621-5780

**ASSUMPTION**

P. O. Box 578  
Napoleonville,  
LA 70390-0578  
(985) 369-7347

**AVOYELLES**

312 N. Main St.,  
Ste. E  
Marksville, LA  
71351-2409  
(318) 253-7129

**BEAUREGARD**

P. O. Box 952  
DeRidder, LA  
70634-0952  
(337) 463-7955

**BIENVILLE**

P. O. Box 697  
Arcadia, LA  
71001-0697  
(318) 263-7407

**BOSSIER**

P. O. Box 635  
Benton, LA  
71006-0635  
(318) 965-2301

**CADDO**

P. O. Box  
Shreveport, LA  
71163-1253  
(318) 226-6891

**CALCASIEU**

1000 Ryan St.,  
Rm. 7  
Lake Charles, LA  
70601-5250  
(337) 721-4000

**CALDWELL**

P. O. Box 1107  
Columbia, LA  
71418-1107  
(318) 649-7364

**CAMERON**

P. O. Box 1  
Cameron, LA  
70631-0001  
(337) 775-5493

**CATAHOULA**

P. O. Box 215  
Harrisonburg, LA  
71340-0215  
(318) 744-5745

**CLAIBORNE**

507 W. Main St.,  
Ste. 1  
Homer, LA  
71040-3914  
(318) 927-3332

**CONCORDIA**

4001 Carter St.,  
Ste. K  
Vidalia, LA  
71373-3021  
(318) 336-7770

**DESOTO**

105 Franklin St.  
Mansfield, LA  
71052-2046  
(318) 872-1149

**E. BATON**

**ROUGE**  
222 St. Louis St.,  
Rm. 201  
Baton Rouge, LA  
70802-5860  
(225) 389-3940

**E. CARROLL**

P. O. Box 708  
Lake Providence,  
LA 71254-0708  
(318) 559-2015

**E. FELICIANA**

P. O. Box 488  
Clinton, LA  
70722-0488  
(225) 683-3105

**EVANGELINE**

200 Court St.,  
Ste. 102  
Ville Platte, LA  
70586-4463  
(337) 363-5538

**FRANKLIN**

Courthouse  
6560 Main St.  
Winnsboro, LA  
71295-2750  
(318) 435-4489

**GRANT**

Courthouse  
200 Main St.  
Colfax, LA  
71417-1828  
(318) 627-9938

**IBERIA**

300 S. Iberia St.,  
Ste. 110  
New Iberia, LA  
70560-4543  
(337) 369-4407

**IBERVILLE**

P. O. Box 554  
Plaquemine, LA  
70765-0554  
(225) 687-5201

**JACKSON**

500 E. Court St.,  
Rm. 102  
Jonesboro, LA  
71251-3400  
(318) 259-2486  
**JEFFERSON**  
P. O. Box 10494  
Jefferson, LA  
70181-0494  
(504) 736-6191

**JEFFERSON****DAVIS**

302 N. Cutting  
Ave. Jennings,  
LA 70546-5361  
(337) 824-0834

**LAFAYETTE**

1010 Lafayette  
St., Ste. 313  
Lafayette, LA  
70501-6885  
(337) 291-7140

**LAFOURCHE**

307 W. 4th St.  
Thibodaux, LA  
70301-3105  
(985) 447-3256

**LASALLE**

P. O. Box 2439  
Jena, LA 71342-  
2439  
(318) 992-2254

**LINCOLN**

100 W. Texas  
Ave., Rm. 10  
Ruston, LA  
71270-4463  
(318) 251-5110

**LIVINGSTON**

P. O. Box 968  
Livingston, LA  
70754-0968  
(225) 686-3054

**MADISON**

100 N. Cedar St.  
Tallulah, LA  
71282-3892  
(318) 574-219

**MOREHOUSE**

129 N. Franklin  
St. Bastrop, LA  
71220-3815

(318) 281-1434

**NATCHITOCHES**

P. O. Box 677  
Natchitoches, LA  
71458-0677

(318) 357-2211

**ORLEANS**

1300 Perdido St.,  
Rm. 1W23  
New Orleans, LA  
70112-2127

(504) 658-8300

**OUACHITA**

1650 Desiard St.,  
Ste. 125 Monroe,  
LA 71201

(318) 327-1436

**PLAQUEMINES**

P. O. Box 989  
Port Sulphur, LA  
70083-0989

(504) 934-3620

**POINTE****COUPEE**

211 E. Main St.,  
Flr. 2

New Roads, LA  
70760-3661

(225) 638-5537

**RAPIDES**

701 Murray St.  
Alexandria, LA  
71301-8099

(318) 473-6770

**RED RIVER**

P. O. Box 432  
Coushatta, LA  
71019-0432

(318) 932-5027

**RICHLAND**

P. O. Box 368  
Rayville, LA  
71269-0368

(318) 728-3582

**SABINE**

400 Capitol St.,  
Rm. 107  
Many, LA 71449-  
3099

(318) 256-3697

**ST. BERNARD**

8201 W. Judge  
Perez, Rm. 104  
Chalmette, LA  
70043-1696

(504) 278-4231

**ST. CHARLES**

P. O. Box 315  
Hahnville, LA  
70057-0315

(985) 783-5120

**ST. HELENA**

P. O. Box 543  
Greensburg, LA  
70441-0543

(225) 222-4440

**ST. JAMES**

P. O. Box 179  
Convent, LA  
70723-0179

(225) 562-2330

**ST. JOHN**

1801 W. Airline  
Hwy.  
LaPlace, LA  
70068-3344

(985) 652-9797

**ST. LANDRY**

P. O. Box 818  
Opelousas, LA  
70571-0818

(337) 948-0572

**ST. MARTIN**

415 Saint Martin  
St.  
St. Martinville,  
LA 70582-4549

(337) 394-2204

**ST. MARY**

500 Main St.,  
Ste. 301  
Franklin, LA  
70538-6144

(337) 828-4100,

ext. 360

**ST. TAMMANY**

701 N. Columbia  
St.  
Covington, LA  
70433-2709

(985) 809-5500

**TANGIPAHOA**

P. O. Box 895  
Amite, LA 70422-  
0895

(985) 748-3215

**TENSAS**

P. O. Box 183  
St. Joseph, LA  
71366-0183

(318) 766-3931

**TERREBONNE**

8026 Main St.,  
Ste. 101  
Houma, LA  
70360

(985) 873-6533

**UNION**

P. O. Box 235  
Farmerville, LA  
71241-0235

(318) 368-8660

**VERMILION**

100 N. State St.,  
Ste. 120  
Abbeville, LA  
70510

(337) 898-4324

**VERNON**

P. O. Box 626  
Leesville, LA  
71496-0626

(337) 239-3690

**WASHINGTON**

Courthouse Bldg.  
900 Washington  
St., #105  
Franklinton, LA  
70438

(985) 839-7850

**WEBSTER**

P. O. Box 674  
Minden, LA  
71058-0674

(318) 377-9272

**W. BATON****ROUGE**

P. O. Box 31  
Port Allen, LA  
70767-0031

(225) 336-2421

**W. CARROLL**

P. O. Box 71  
Oak Grove, LA  
71263-0071

(318) 428-2381

**W. FELICIANA**

P. O. Box 2490  
St. Francisville,  
LA 70775-2490

(225) 635-6161

**WINN**

119 W. Main St.,  
Rm. 105  
Winnfield, LA  
71483-3238

(318) 628-6133

**OFFICIAL USE ONLY**

**Address Change**

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**Name Change**

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**Party Change**

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**Remarks**

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**Circle One:    PA    MV    RG**  
**SDA    SS(Disability)**

**Received by:**

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**PLACE IN AN ENVELOPE AND MAIL TO  
YOUR  
REGISTRAR OF VOTERS**

**USE THIS FORM TO:** 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

**TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST:** 1) be a United States citizen 2) be 17 years old (16 years old if registering to vote in person at the Registrar of Voters' Office or the Office of Motor Vehicles) but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended 5) reside in the state and parish in which you seek to register and vote.

**INSTRUCTIONS FOR COMPLETING THIS FORM:** All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

**Box 1:** Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before election day in which you are eligible to vote.

**Box 2:** Provide full name. Do not use initials for middle or maiden name.

**Box 3:** 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, 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 any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' only if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

**Boxes 5 & 13:** You must provide your LA driver's license number or LA special identification card number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a LA driver's license number or LA special identification card number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

**Boxes 7, 11 & 12:** The items 'race/ethnic origin', 'email' and 'phone' are not required but are helpful. Email is protected from disclosure by law.

**Box 8:** If you do not complete this item, your party affiliation will be listed as 'no party', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'no party'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may

specify any other party affiliation.

**Box 17:** If you are using this form to request a change of name, you must print the name to be changed here.

**Box 18:** Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

**NOTE:** 1. If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

**QUESTIONS?** Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

**COMPLETE AND CHECK ALL APPLICABLE BOXES AND CUT HERE BEFORE MAILING.**

<b>LOUISIANA VOTER REGISTRATION APPLICATION</b> LR-1 & 1M, FORM #100	<b>OFFICIAL USE ONLY</b> Wd _____ Pct _____ Reg Type _____ In/Out _____ REG # _____	
<b>1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day? YES <input type="checkbox"/> NO <input type="checkbox"/></b> <b>If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.</b>		
<b>2 NAME OF APPLICANT (PLEASE PRINT NAME)</b> LAST FIRST FULL MIDDLE OR MAIDEN		<b>GIVE LOCATION</b> _____ _____ _____
<b>3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)</b> HOUSE OR APT. NO. & STREET CITY OR TOWN STATE ZIP (IF RURAL, ROUTE & BOX NO.)		
If NO mail delivery to residential address, check here: ( )		
MAILING ADDRESS, IF DIFFERENT _____		

<b>4 DATE OF BIRTH</b>			<b>5 * SOCIAL SECURITY #</b> (CIRCLE ONE)		<b>6 SEX</b> (CIRCLE ONE)		<b>7 ** RACE / ETHNIC ORIGIN</b> (CIRCLE ONE)	
MONTH	DAY	YEAR	NO YES #		MALE FEMALE		WHITE BLACK ASIAN HISPANIC AMER. INDIAN OTHER: _____	
<b>8 PARTY AFFILIATION</b> (CIRCLE ONE)			<b>9 APPLICANT'S PLACE OF BIRTH</b>				<b>10 MOTHER'S MAIDEN NAME</b>	
DEM GRN LBT RFM REP NO PARTY OTHER (SPECIFY) _____			CITY OR TOWN PARISH OR COUNTY STATE COUNTRY					
<b>11 **EMAIL</b>			<b>12 ** PHONE</b>		<b>13 LA DRIVER'S LICENSE / I.D. #</b> (CIRCLE ONE)		<b>14 Will you require assistance at the polls?(CIRCLE ONE)</b>	
			HOME ( ) DAY ( )		NO YES #		NO YES IF YES, GIVE REASON :	
<b>15 LAST RESIDENCE ADDRESS</b>			<b>16 PLACE OF LAST REGISTRATION</b>			<b>17 FORMER REGISTERED NAME, IF APPLICABLE</b>		
ADDRESS			PARISH OR COUNTY STATE					
<b>AFFIRMATION:</b> I do hereby solemnly swear or affirm that I am a United States citizen, that I am at least 17 years old, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, 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 a fine of not more than \$2,000 (\$5,000 for subsequent offense) or imprisonment for not more than 2 years (5 years for subsequent offense), or both. Any false statement may constitute perjury.								
<b>18 SIGN YOUR NAME IN BOX AT RIGHT.</b>					<div style="border: 1px dashed black; height: 40px; width: 100%;"></div>			
DATE: ____ / ____ / ____								
<b>19 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE.</b>								
WITNESS SIGNATURE:					WITNESS SIGNATURE:			
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only; full # OPTIONAL. ** OPTIONAL LR-1 & 1M (REV. 2/16) R.S. 18:104; FORM #100								