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Murphy, Patrick E

500 S U S HWY 1 #APT 203, JUPITER, 33477

 Florida Voter Registration Application Part 2 - Form (DS-DE #39, R1S-2,040, F.A.C. (eff. 01/2012))		The downloadable/printable online form is available at: http://election.dos.state.fl.us/infowebappform.pdf	
This is: <input type="checkbox"/> New Registration <input checked="" type="checkbox"/> Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) <input type="checkbox"/> Request to Replace Voter Information Card			
A Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICIAL USE ONLY AIC 04-12-12 FVRS No: [REDACTED] AR	
B <input checked="" type="checkbox"/> I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.			
C <input checked="" type="checkbox"/> I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.			
D Date of Birth (Enter in format MM-DD-YYYY) 03 - 30 - 1983		E Florida Driver's License (FL DL) or Florida Identification (FL ID) Card Number If no FL DL or FL ID, then provide → Last 4 digits of Social Security Number <input type="checkbox"/> I have NONE of these numbers.	
F Last Name: Murphy First Name: Patrick Middle Name or Initial: Erin Name Suffix (Jr., Sr., I, II, etc.):		G Live (legal residence-no P.O. Box) Apt/Lot/Unit: City: Jupiter County: FL Zip Code: 33458	
H Mailing Address (if different from above address) Apt/Lot/Unit: City: State or Country: Zip Code:		I Were Last Registered to Vote Apt/Lot/Unit: City: State: Zip Code:	
J Former Name (if name is changed) Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F State or Country of Birth: Florida Telephone No. (optional) (561) 847-4105		K Party Affiliation (Check only one. If left blank, you will be registered without party affiliation): <input checked="" type="checkbox"/> Florida Democratic Party <input type="checkbox"/> Republican Party of Florida <input type="checkbox"/> No party affiliation <input type="checkbox"/> Minor political party (print name):	
L Race/Ethnicity (Check only one): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Other: <input type="checkbox"/> Multi-racial		M Active Uniformed Services, Merchant Marine, or Overseas U.S. Citizen (Check only one if applicable): <input type="checkbox"/> Active duty uniformed services/merchant marine <input type="checkbox"/> Family member of active duty uniformed services or merchant marine member <input type="checkbox"/> U.S. Citizen Residing Outside U.S.	
N 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, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.		Signature/Mark Here 	
Scan Date = 01/22/2015		APR 11 2012 Date: 4/10/12	