

## **UPDATE CONTACT INFORMATION**

<del></del>	***	****	***	7/4/4C EL	ECTIONS	
ALL INFORMATION IS REQU				ITH AN AST	ERISK*	
	VOTER INF	ORMATIO				
I. LAST NAME 2. FIRST NAME			3. MAIDEN, SUFFIX, ALIAS(ES) *			
4. BIRTHDATE 5. MEMBERSHIP #	# 6. PHONE #*	7. EMAIL A	DDPESS *			
. BIRTHDATE 3. MEMBERSHIF # 0. FHONE # 1.		7. EMAIL A	7. EMAIL ADDRESS			
8. MAILING ADDRESS		9. CITY		IO. STATE II. ZIP		
□ 12 ARCENTEE ARRESC IS THE	ABSENTEE IN					
12. ABSENTEE ADDRESS IS THE	SAME AS THE MA	14. CITY	KESS ABOVE	15. STATE	I6. ZIP	
13. ABSERT LE ADDRESS		14. C111		13. 31A1L	10. 21	
If the voter cannot write, he/she shall me shall sign their names in the space provi		ove, and the sa	ame shall be witness	ed by two pers	sons who	
WITNESS SIGNATURE		WITNE	SS SIGNATURE			
ETURN EMAIL: electionoffice@osaş	genation_nsn gov M	All · Wahahaa	he Elections, PO Bo	y 928. Pawhus	ka OK 7405	
TO -> FAX: 918-287-5292			8 Kihekah Ave.	X 720, 1 awilus		
<b>PRIVACY PROGRAM:</b> The Privacy Program was established so voters can have their names and addresses omitted from the publicly accessible lists provided to any voter requesting a copy of the Osage Voter Registry for political purposes.			FOR OFFICE USE ONLY			
YOU WILL: YO	U WILL NOT:					
Registry  Still be able to vote in any Osage Nation Election	Receive campaign mate from candidates Receive mail from vote applying for petitions for recall, referenda, initiat	ers or				
	recaii, referenda, initiat constitutional amendm		INCOMPLETE	DATE COI	MPLETED	
Would you like us to send you a Privacy			NON-MEMBER			