

UPDATE CONTACT INFORMATION

ALL INFORMATION IS REQUIRED UNLESS INDICATED AS OPTIONAL WITH AN ASTERISK* VOTER INFORMATION					
		ORMATIO			
I. LAST NAME	2. FIRST NAME		3. MAIDEN, SUFFIX, ALIAS(ES) *		
4. BIRTHDATE 5. MEMBERSHIP #	6. PHONE #*	7. EMAIL A	DDRESS *		
8. MAILING ADDRESS		9. CITY		10. STATE	II. ZIP
	ABSENTEE IN	FORMATI	ON *		
☐ 12. ABSENTEE ADDRESS IS THE					
13. ABSENTEE ADDRESS		14. CITY		15. STATE	I6. ZIP
VOTER SIGNATURE					
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f the voter cannot write, he/she shall ma shall sign their names in the space providence. WITNESS SIGNATURE ETURN EMAIL: electionoffice@osage FAX: 918-287-5292	nation-nsn.gov M	WITNE	ame shall be witnesse	c 928, Pawhusl	ca, OK 74050
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TO→ EMAIL: electionoffice@osage FAX: 918-287-5292 PRIVACY PROGRAM: The Privacy Prog voters can have their names and addresses accessible lists provided to any voter request voter Registry for political purposes. YOU WILL: Remain on the Osage Voter Registry Still be able to vote in any Osage Nation Election Continue to receive mail from	nation-nsn.gov MIN ram was established omitted from the publicating a copy of the O WILL NOT: eceive campaign mate om candidates eceive mail from vote oplying for petitions for call, referenda, initiationstitutional amendments	AIL: Wahzhaz I PERSON: 8	ame shall be witnessed as SIGNATURE whe Elections, PO Box 13 Grandview Ave. Su	c 928, Pawhusl uite 3 (West E	ka, OK 74050 ntrance)