



ELECTORAL COMMISSION OF GHANA VOTER REGISTRATION FORM 1A



HRF/

Registration Date

Registration Centre Code

Registration Centre Name

SECTION A : APPLICANT'S PERSONAL DETAILS

Full Name

Surname

First / Other Names

Date of Birth

Day / Month / Year

Age

Sex Male Female

Residential Address

Town / Village / Area

District

Region

NATIONAL IDENTIFICATION CARD NUMBER

PASSPORT Number

SECTION B : APPLICANT'S PARENTS & HOME TOWN DETAILS

Father's Full Name

Mother's Full Name

Home Town Address

Town / Village / Area

District

Region

SECTION C : PHYSICAL OR VISUAL IMPAIRMENT

Visually Impaired

Blind Or Partially Sighted? (Y/N)

Physically Impaired (LEG(S))

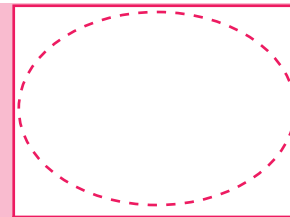
Disabled? (Y/N)

Physically Impaired (HAND(S))

Leper? (Y/N)

Missing Finger(s)? (L) (R)

Amputated Hand(s)? (L) (R)



Applicant's (R) Thumbprint

Registration Officer's Name

Registration Officer's Signature