Required format for a statewide vote-by-mail ballot application

Size 8½ x 5½"

IMPORTANT: You must enter the date of the election, as well as the last day the application must be received by the elections official.

APPLICATION FOR A VOTE-BY-MAIL BALLOT
FOR THE _____ (month, day, year), Primary (type of election) ELECTION

To obtain a vote-by-mail ballot, complete the information on this form. This application must be received by the elections official no later than 5 pm on _____.

1. PRINT NAME: **2. DATE OF BIRTH:** _____ mo/day/yr

_____
First Name Middle Name or Initial Last Name

3. RESIDENCE ADDRESS (please print):

_____
Number and Street - as registered (P.O. Box, Rural Route, etc. not acceptable) (Designate N, S, E, W if used)

_____
City County ZIP Code

4. TELEPHONE NUMBER: (____) _____ (____) _____
daytime (optional) evening (optional)

5. PRINT MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):
NOTE: Organizations distributing this form may not preprint mailing address information.

_____
Number and Street/P.O. Box (Designate N, S, E, W if used)

_____
City U.S. State or Foreign Country ZIP Code

6. ☐ I am not presently affiliated with any political party. However, for the primary election only, I request a vote-by-mail ballot for the _____ Party. *

* NOTE: Organizations distributing this form may not preprint check mark or political party name.

7. THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT

I have not applied for, nor do I intend to apply for, a vote-by-mail ballot from any other jurisdiction for this election. I certify under **penalty of perjury** under the laws of the State of California that the name and residence address and information I have provided on this application are true and correct.

_____ _____
SIGNATURE Date

WARNING: *Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code)*

8. THIS FORM IS PROVIDED BY: _____
IMPORTANT: organizations providing this form must enter their name, address and telephone number

FOR OFFICIAL USE ONLY

NOTICE
You have the legal right to mail or deliver this application directly to the local elections official of the county where you reside. Returning this application to anyone other than your elections official may cause a delay that could interfere with your ability to vote.

* In order to determine which parties allow Decline to State voters to vote in their primary elections, contact the Secretary of State's toll-free number: 1-800-345-VOTE. (EC 3006 (c))

☐ PERMANENT VOTE-BY-MAIL VOTER
Check here to become a Permanent Vote-By-Mail Voter. Any voter may request to be a Permanent Vote-By-Mail Voter. If you check the box above and sign here:

a vote-by-mail ballot will automatically be sent to you for future elections. Failure to vote in two consecutive statewide general elections will cancel your Permanent Vote-By-Mail Voter Status and you will need to reapply. If you have any questions concerning voting by Vote-By-Mail Ballot, telephone your county of residence Elections office.

The format used on this application MUST be used by ALL individuals, organizations and groups that distribute vote-by-mail ballot applications.
Elections Code Section 3007
Failure to conform to this format may result in criminal prosecution.
Elections Code Section 18402

Clear Form Print Form