

CALIFORNIA VOTER REGISTRATION FORM

Fill out this form if you are a new voter, have moved or changed your name, or want to change your political party choice. You must be a U.S. citizen and at least 18 years old by the next election to use this form. Use blue or black ink. Print clearly.

1 Mr. Mrs. First name Ms. Miss Middle name

2 Last name

3 Home address – not a P.O. Box or business address – (Number, Street, Ave., Drive, etc. Include N, S, E, W) Apt or unit #

4 City State CA Zip California county

5 If you do not have a street address, describe where you live (Cross streets, Route, N, S, E, W)

6 Mailing address – if different from above, or P.O. Box

7 City State Zip Foreign country

8 Date of birth MM DD YYYY 9 Place of birth (List only the U.S. state or foreign country)

10 CA driver's license or CA ID card # If you do not have a CA driver's license or ID card, list the last 4 numbers of your Social Security Number, if you have one. . . . SSN (Last 4 numbers)

11 Email (optional) 12 Phone number (optional) Phone numbers are posted at polling places on election day.

13 Do you want to register with a political party?

Yes, I want to register with a political party (check one):
 American Independent Party Green Party Peace and Freedom Party Republican Party
 Democratic Party Libertarian Party Other party (specify): _____

No, I don't want to register with a political party.
(If you check this box, you may not be able to vote for certain candidates in primary elections.)

14 To vote by mail in all elections, initial here: _____

15 If you were registered to vote before, fill out below:


First and middle name Last name Political party (if any)

Previous address where you were registered (street, city, state, zip) Previous county

16 Are you a U.S. citizen? Yes No
 Will you be 18 or older by the next election? Yes No

A "No" answer to either question means you CANNOT register to vote.

17 **Read and sign below.**
 I am a U.S. citizen and will be at least 18 years old on election day. I am not in prison or on parole for a felony. I understand that it is a crime to intentionally provide incorrect information on this form. I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

 _____ / ____ / ____
 Voter Signature Month Day Year

59 BB 224427

Important! To vote in the next election, you **must** mail or deliver this card at least **15 days** before the next election. New voters who register by mail may have to show their ID at the polls.

↑ ↓ Tear here. Moisten edge to seal. Do not staple or tape.
 ↑ ↓ The bottom part is your receipt.
 Keep it until you receive a Voter Notification Card in the mail.

Optional

A. Check here if you can be a poll worker on election day
(If bilingual, indicate language: _____)

B. Your ethnicity/race: _____

C. Check your language preference: English Spanish
 Chinese Vietnamese Korean Tagalog Japanese

Did someone help you fill out or deliver this form?
 If yes, the person who helped you must fill out and sign both parts of this green box.

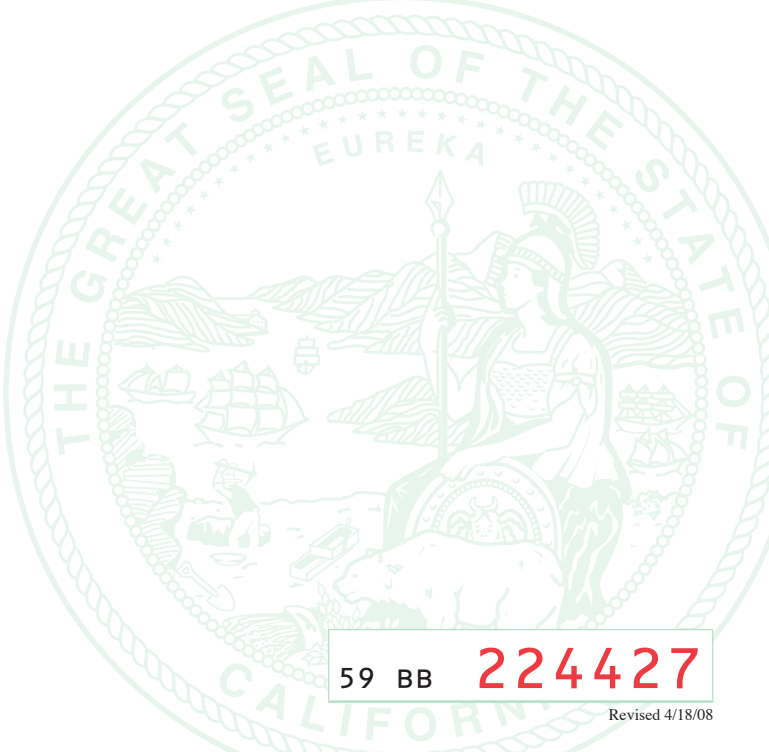
_____/____/____
 Signature Month Day Year
 Name: _____
 Org. name, address, and tel. (if any): _____

_____/____/____
 Signature Month Day Year
 Name: _____
 Org. name, address, and tel. (if any): _____

(This part is the voter's receipt.)

Questions, problems or to report fraud:

Contact the Secretary of State.
 Call: **1-800-345-VOTE (8683)**
 Email: **elections@sos.ca.gov**
 Web site: **www.sos.ca.gov**
 Or contact your county elections office.



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It is illegal to use the information you provide on this form for any commercial purpose.
Report any problems to the Secretary of State's Voter Hotline: (800) 345-8683

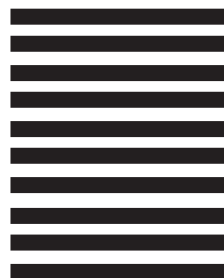


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 95814 SACRAMENTO, CA

POSTAGE WILL BE PAID BY ADDRESSEE



Debra Bowen
Secretary of State
Elections Division
1500 11th Street
Sacramento, CA 95814-9910



New address, but same county?

If you missed the deadline, you may still be able to vote. Contact your county elections office.

The Secretary of State and *some* counties have information in other languages.

Want to vote by mail for the next election?

Your county elections office must receive your written request at least **7 days** before the election.

Go to: www.sos.ca.gov. Or call:

- Español: 1-800-232-VOTA (8682)
- 中文: 1-800-339-2857
- Việt ngữ: 1-800-339-8163
- 한국어: 1-866-575-1558
- Tagalog: 1-800-339-2957
- 日本語: 1-800-339-2865

Safe At Home

If registering to vote puts you in danger, the Secretary of State can keep your voting information private. Contact the **Safe At Home** program: www.sos.ca.gov

California Voter Registration Form



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Secretary of State
Elections Division
1500 11th Street
Sacramento CA 95814