



## State of California Voter Registration Webform

Web Form Redesign of  
CA Voter Registration form  
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5/16/2023

### Personal Information

First Name	Middle Name	Last Name
Address Line #1		
Address Line #2		
City	State	CA
Zip	Country	United States

My mailing address if different from the address where I live

No     Yes (Fill out the form below)

Mailing Address (if different from the address where you live, or PO BOX)		
City	State	
Zip	Foreign Country	

[? Help](#) [Save](#)

[Next >](#)

### Languages

- English
- 한국어 Korean
- 日本語 Japanese
- ภาษาไทย Thai
- Other Languages >

### Accessibility

- Bolded Text
- Screen Reader
- Invert Color
- Larger Text

## State of California Voter Registration Webform

### Personal Information Part #2

Date of Birth	Month	Day	Year	Place of birth
	August		2000	

CA Driver License or CA ID Card #	Telephone
( )	

Email Address
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### Political Party

<input type="radio"/> American Independent Party	<input type="radio"/> Democratic Party
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<input type="radio"/> Green Party	<input type="radio"/> Libertarian Party
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<input type="radio"/> Natural Law Party	<input type="radio"/> Reform Party
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<input type="radio"/> Republican Party	<input type="radio"/> Decline to State
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Other (Specify)
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### Languages

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## State of California Voter Registration Webform

### Have you ever registered to vote?

No	<input checked="" type="radio"/> Yes
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First Name	Middle Name	Last Name
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Address Line #1		
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Address Line #2		
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City	State	CA
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Zip	Country	United States
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Political Party
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For office use only		
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If someone helps fill out or keeps this form, see special instructions	Electrical Signature
X	
Date	

### Languages

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### Survey (Optional)

- Provide a polling place site
- Polling place worker
- Bilingual polling place worker

Language \_\_\_\_\_

### Original Form

STATE OF CALIFORNIA VOTER REGISTRATION FORM		IMPORTANT! SEE INSTRUCTIONS ON REVERSE	
ARE YOU A U.S. CITIZEN? <input type="radio"/> Yes <input type="radio"/> No ► If no, don't fill out this form.		USE BLACK OR BLUE INK—PLEASE PRINT CLEARLY	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. LAST NAME (Only)			
1 FIRST NAME (Only)		MIDDLE NAME (Only)	
ADDRESS where you live: (Number, Street, Ave., Road, Drive, Including N, S, E, W, NO PO BOX)		APT #·SP #	
2 CITY		STATE	ZIP CODE
3 IF NO STREET ADDRESS, describe where you live: (Cross Streets, Route, Section, Range, N, S, E, W)		COUNTY	
4 MAILING ADDRESS: (If different from the address where you live, or PO BOX)			
5 CITY		STATE	ZIP CODE
6 PLACE OF BIRTH - (U.S. State or Foreign Country Only)		FOREIGN COUNTRY	
7 CA DRIVER'S LICENSE OR CA ID CARD #			
8 TELEPHONE		E-MAIL ADDRESS	
9 POLITICAL PARTY - Fill in One Oval		<input type="radio"/> American Independent Party <input type="radio"/> Democratic Party <input type="radio"/> Green Party <input type="radio"/> Libertarian Party <input type="radio"/> Natural Law Party <input type="radio"/> Reform Party <input type="radio"/> Republican Party <input type="radio"/> I Decline to State a Political Party Other (Specify) _____	
HAVE YOU EVER BEEN REGISTERED TO VOTE?		<input type="radio"/> Yes <input type="radio"/> No    If you check "yes", you must complete item 10 below in order for your registration to be effective.	
LAST NAME		FIRST NAME	
10 STREET ADDRESS		CITY	
STATE ZIP CODE COUNTY		POLITICAL PARTY	
11 FOR OFFICE USE			
If someone helps fill out or keeps this form, see special instructions below.			
(a) (b) (c) (d) (e) (f) (g) (h)			
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12		SIGNATURE - You must sign and date in box below.	
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