

MAIL THIS FORM BY

MONDAY, OCTOBER 24TH

To register to vote in **California**

- 1) Print
- 2) Fill out form
- 3) Mail*

*no envelope needed, just fold in half, tape, and stamp

votemate

let's vote together

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.	
1	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name MATE	First Name VOTE Middle Name(s) <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> IV
2	Home Address 123 main st		Apt. or Lot # City/Town Anytown State US Zip Code 01234
3	Address Where You Get Your Mail If Different From Above		City/Town State Zip Code
4	Date of Birth 01 01 1900 Month Day Year	5 Telephone Number (optional)	6 ID Number - (See item 6 in the instructions for your state) Your state's drivers license # OR Last 4 SSN
7	Choice of Party (see item 7 in the instructions for your State) NO PARTY	8 Race or Ethnic Group (see item 8 in the instructions for your State) Anyrace	
9 I have reviewed my state's instructions and I swear/affirm that: <input checked="" type="checkbox"/> I am a United States citizen <input checked="" type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input checked="" type="checkbox"/> The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.			<div style="border: 1px solid black; padding: 5px; text-align: center;"> Vote Mate </div> Please sign full name (or put mark) ▲ Date: 09 / 01 / 2016 Month Day Year

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

A	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> IV
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If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have moved, please show on the map where you live.

C	Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.		NORTH ↑
Example: Woodchuck Road Public School ● X			

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

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Mail this application to the address provided for your State.

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America?		Yes	No	This space for office use only.			
Will you be 18 years old on or before election day?		Yes	No				
If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)							
1	Mr. Miss Mrs. Ms.	Last Name	First Name		Middle Name(s)	Jr Sr	II III IV
2	Home Address		Apt. or Lot #	City/Town	State	Zip Code	
3	Address Where You Get Your Mail If Different From Above			City/Town	State	Zip Code	
4	Date of Birth _____ Month Day Year		5	Telephone Number (optional)	6 ID Number - (See item 6 in the instructions for your state)		
7	Choice of Party (see item 7 in the instructions for your State)		8	Race or Ethnic Group (see item 8 in the instructions for your State)			
9	<p>I have reviewed my state's instructions and I swear/affirm that:</p> <ul style="list-style-type: none">■ I am a United States citizen■ I meet the eligibility requirements of my state and subscribe to any oath required.■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.				<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Please sign full name (or put mark) ▲</p> <p>Date: <div style="display: inline-block; width: 150px; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 0; top: -5px; width: 30px; height: 10px; border-left: 1px solid black; border-right: 1px solid black;"></div><div style="position: absolute; left: 30px; top: -5px; width: 30px; height: 10px; border-left: 1px solid black; border-right: 1px solid black;"></div><div style="position: absolute; left: 60px; top: -5px; width: 30px; height: 10px; border-left: 1px solid black; border-right: 1px solid black;"></div></div><div style="display: flex; justify-content: space-around; width: 150px; margin-top: 5px;">MonthDayYear</div></p>		

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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	<ul style="list-style-type: none">■ Write in the names of the crossroads (or streets) nearest to where you live.■ Draw an X to show where you live.■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.		<div style="text-align: right;">NORTH ↑</div>
	<div style="border: 1px solid black; padding: 5px;">Example</div>		
	<div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 5px; flex: 1;">Public School ●</div><div style="border: 1px solid black; padding: 5px; flex: 1;">● Grocery Store Woodchuck Road X</div></div>		

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

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Mail this application to the address provided for your State.

FOR OFFICIAL USE ONLY

FIRST CLASS
STAMP
NECESSARY
FOR
MAILING



Secretary of State

Elections Division

1500 11th Street

Sacramento, CA 95814

State Instructions

California

Updated: 03-01-2006

Registration Deadline — 15 days before the election.

6. ID Number. When you register to vote, you must provide your California driver's license or California identification card number, if you have one. If you do not have a driver's license or ID card, you must provide the last four digits of your Social Security Number (SSN). If you do not include this information, you will be required to provide identification when you vote.

7. Choice of Party. Please enter the name of the political party with which you wish to register. If you do not wish to register with any party, enter "Decline to State" in the space provided.

California law allows voters who "decline to state" an affiliation with a qualified political party or who affiliate with a nonqualified political party to vote in the primary election of any qualified political party that files a notice with the Secretary of State allowing them to do so. You can call 1-800-345-VOTE or visit www.sos.ca.gov to learn which political parties are allowing nonaffiliated voters to participate in their primary election.

8. Race or Ethnic Group. Leave blank.

9. Signature. To register in California you must:

- be a citizen of the United States
- be a resident of California
- be at least 18 years of age at the time of the next election
- not be imprisoned or on parole for the conviction of a felony
- not currently be judged mentally incompetent by a court of law

Signature is required. If you meet the requirements listed above, please sign and date the registration card in the space provided.

Mailing address:

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