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.

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	e you a citizen of the United States of A		N Yes	No	This space	e for office u	se only.			
Wi	Il you be 18 years old on or before elec-	tion day?	Yes	No						
(Ple	rou checked "No" in response to either o ease see state-specific instructions for rules re	r tnese questions	o register prior to	age 18)						
	Mr. Miss Last Name	garanig englishing e	First Name	age 10.)		Middle New	(-)	ㅁ᠈ 딤!!		
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_		VOTE								
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_	123 main St	A	Inytown		US	01234				
_	Address Where You Get Your Mail If Diff	City	City/Town State Zip							
3	*									
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4		inder (optional)		ID Number - (See item 6 in the instructions for your state) Your state's drivers license #						
	01 01 1900 5				your st	ates o	avers lic	ense H		
_	Month Day Year		6		OR					
_	Choice of Party (see item 7 in the instructions for your State)	Race or Ethnic	Group structions for your Sta		La	st 4 :	SSN			
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	I have reviewed my state's instruction	s and I swear/affi	irm that:			011				
	■ I am a United States citizen			1	tote	Man	-			
	I meet the eligibility requirements of subscribe to any oath required.	f my state and	*		000	1 000				
9	■ The information I have provided is t	rue to the best of	fmy		Please	sign full nan	ne (or put mar	k) 🔺		
	knowledge under penalty of perjury	/. If I have provide	ed false	to:	00 /	. / -				
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If y	ou checked "No" in re	sponse to eithe	er of	these questions,									
	Mr. Miss	ific instructions for rules regarding eligibility to Aiss Last Name			First Name		10.)		Middle	Name(s)		Jr II	
1	Mrs. Ms.	Lust Name										Sr IV	
2	Home Address	ress			Apt. or Lot #			City	City/Town		State		Zip Code
3	Address Where You Get Your Mail If Different From Above						City	City/Town		State		Zip Code	
	Date of Birth			Telephone Num	ber	(optior	nal)		ID Number	- (See item 6	in the instructions for y	our stat	e)
4	Month	Day Year	5	Race or Ethnic Group (see item 8 in the instructions for you				6					
7	Choice of Party (see item 7 in the instruction		8				our State)	0					
9	I have reviewed my I am a United Stat I meet the eligibili subscribe to any c	es citizen ity requiremen oath required.	ts of	my state and					Please	sian full	name (or put mark) 🛦	
	The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false							/	3igii iuii	/ put mark			
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A	Mr. Miss La Mrs. Ms.	st Name					First Na	me		N	liddle Name(s)		Jr II Sr IV
lf	you were registered be	fore but this is t	he fiı	rst time you are re	gist	ering fı	om the a	ddre	ss in Box 2, wh	at was you	r address where you w	vere reg	gistered before?
В	Street (or route and box number)			Apt. or Lot #		City	//Town/Cour	nty	State		Zip Code		
If	you live in a rural area b	out do not have a	stre	et number, or if you	u ha	ve no a	ddress, ple	ease s	show on the m	ap where y	ou live.		
	 Write in the names of Draw an X to show of Use a dot to show are near where you live, 	where you live. ny schools, church	nes, s	tores, or other land		•	ve.						NORTH 🔨
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Mail this application to the address provided for your State.

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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
- 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