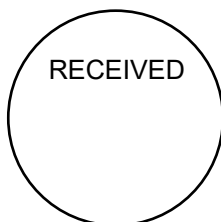




CALIFORNIA VOTER REGISTRATION RECEIPT



AFFIDAVIT NUMBER



Print, Sign and Mail

- Print and sign your application. You must fold and tape the form for mailing. Put the county elections office address on the outside. Place a first-class stamp in the box in the upper-right corner.

Important Notices

- This page is your receipt. Keep it until you get a Voter Notification Card in your mail. If you have any questions, please contact your county elections office and give the affidavit number above.
- The law protects your voter registration information against commercial use. Report any problems to the Secretary of State's Voter Hotline at (800) 345-VOTE (8683) or email elections@sos.ca.gov.



CALIFORNIA VOTER REGISTRATION APPLICATION

NAME & ADDRESS

CALIFORNIA ID

SSN4

DATE OF BIRTH

PHONE NUMBER

PLACE OF BIRTH

MAILING ADDRESS

EMAIL

LANGUAGE

PERMANENT VOTE-BY-MAIL VOTER

RECEIVE VOTER INFORMATION GUIDE BY MAIL BEFORE
EACH STATEWIDE ELECTION

IF NO ADDRESS, DESCRIPTION

RECEIVE SAMPLE BALLOT GUIDE BY MAIL BEFORE EACH
STATEWIDE ELECTION

PRIOR REGISTRATION (IF APPLICABLE)

ELECTRONIC NOTIFICATION EMAIL

VOLUNTEER

DID SOMEONE HELP YOU FILL OUT THIS FORM?

YES

NO

POLITICAL PARTY

ETHNICITY/RACE

I am a U.S. citizen.

I will be at least 18 years old by the next election.

READ, SIGN AND DATE BELOW

I declare under penalty of perjury under the laws of the State of California that:

- I am a U.S. citizen and will be at least 18 years old on election day.
- I am not currently serving a state or federal prison term for the conviction of a felony.
- I have not currently been found to be mentally incompetent by a court of law.
- I understand that it is a crime to intentionally provide incorrect information on this form.
- The information on this form is true and correct.

MAIL IMMEDIATELY

SIGNATURE

DATE (MM/DD/YYYY)

FOR OFFICIAL USE ONLY

**FIRST CLASS
STAMP
NECESSARY
FOR
MAILING**



TAPE HERE

TAPE HERE