

Sonoma County Vote-By-Mail Ballot Application

This application must be received by the county elections official not later than 5 p.m. seven (7) days prior to the date of the election. A ballot will not be sent to you if this application is incomplete or inaccurate.

1. This is an application for a vote-by-mail ballot for the _____ election.
Month/Day/Year

2. Print name: _____ 3. Date of birth: _____
First Middle Name or Initial Last Month/Day/Year

4. Residence address: _____
Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N, S, E, W if used)

City ZIP Code County

5. Mailing address for ballot (if different from above):
 If your mailing address is outside of the United States, use the Federal Post Card Application at www.fvap.gov

Number and Street/P.O. Box (Designate N, S, E, W if used)

City State of Foreign Country Zip Code or Postal Code

6. Telephone number (optional): _____
Day Evening

7. (Only complete Item 7 if this application is for a Presidential Primary Election.)
Yes, I want to request a political party ballot for the Presidential Primary Elections.
 I have declined to disclose a preference for (formerly known as "registered with") a qualified political party. However, for this primary election only, I request a vote-by-mail ballot for the _____ Party.*

*For information as to which, if any, qualified political parties will allow voters who have declined to disclose a preference for a political party (formerly known as "decline-to-state" voters) to vote the ballot of that political party, contact the Secretary of State at (800) 345-8683 or visit www.sos.ca.gov/elections/npp.htm.

8. **Yes, I want to become a permanent vote-by-mail voter.**
 By checking this box and by initialing here _____, I am requesting to become a permanent vote-by-mail voter. A vote-by-mail ballot will automatically be sent to me in all future elections. I understand that if I fail to vote by mail in four consecutive statewide general elections, I will need to reapply for permanent vote-by-mail voter status.

9. **This application must be signed.**
 I have not applied for a vote-by-mail ballot from any other jurisdiction for this election. I certify under **penalty of perjury** under the laws of the State of California that the information I have provided on this application is true and correct.

Signature: _____ Date: _____

Warning: Perjury is a felony, punishable by imprisonment in state prison for up to four years. (Penal Code § 126)

FOR OFFICIAL USE ONLY

Notice
 You have the right to mail or deliver this application directly to your county elections official.

Sonoma County Registrar of Voters
 435 Fiscal Drive
 Santa Rosa, CA 95403

OR
 P.O. Box 11485
 Santa Rosa, CA 95406

Returning this application to anyone other than your county elections official may cause a delay that could interfere with your ability to vote.

Only the registered voter himself or herself may apply for a vote-by-mail ballot. An application for a vote-by-mail ballot made by a person other than the registered voter is a criminal offense.

Individuals/Organizations/Groups Distributing this Application

The format used on this application must be followed by anyone distributing vote-by-mail ballot applications. Failure to conform to this format is a crime.

Anyone distributing this application may not preprint a mailing address in Item 5.

Anyone distributing this application may not preprint a check mark or political party name in Item 7.

Anyone providing this application to a voter must enter their name, address, and telephone number here:
