

MOISTEN AND FOLD OVER TO SEAL

Mail-In Voter Registration Form



Washington Secretary of State

Use Black or Blue Pen Only - Please Print Clearly NAME CHANGE ADDRESS CHANGE SIGNATURE UPDATE NEW REGISTRATION

| | |
|--|---------------------|
| 1 NOTE: Voter registration requires U.S. Citizenship Will you be at least 18 years of age or older before Election Day? <input type="radio"/> YES <input type="radio"/> NO Are you a citizen of the United States? <input type="radio"/> YES <input type="radio"/> NO | FOR OFFICE USE ONLY |
| | |

Federal and state law require you to provide your Washington Driver's License number or Washington ID Card number. If you do not have a Washington Driver's License or Washington ID Card, provide the last four digits of your Social Security Number.

| | | | |
|--|-------------------------|---|-------------------------------------|
| 2 A. Washington Driver's License or ID Number | B. Last four Digits/SSN | <input type="radio"/> Check here if you do not have a Washington Driver's License, ID Card, or SSN. | 3 Date of Birth (MM/DD/YYYY) |
|--|-------------------------|---|-------------------------------------|

| | | |
|--------------------|--|-----------------------------|
| 4 Last Name | <input type="radio"/> Male <input type="radio"/> Female | Daytime Phone Number () |
|--------------------|--|-----------------------------|

| | | | |
|---------------------|-------------|---|--------------------------|
| 5 First Name | Middle Name | <input type="radio"/> Jr. <input type="radio"/> II <input type="radio"/> Sr. <input type="radio"/> III | Email Address (optional) |
|---------------------|-------------|---|--------------------------|

| | | |
|---|--------------|-----|
| 6 Washington Residential/Physical Address (Required) | City or Town | ZIP |
|---|--------------|-----|

| | | | |
|---|--------------|-------|-----|
| 7 Address Where You Get Your Mail (if different from residential/physical address) | City or Town | State | ZIP |
|---|--------------|-------|-----|

8 Check any that currently apply Military Domestic Military Foreign National Guard/Reserves U.S. Citizen Overseas

9 ONGOING ABSENTEE REQUEST **NOTE:** If your county is vote by mail, do not complete this section. A ballot will be mailed to you automatically.
 I would like to receive absentee ballots for all future elections YES NO

FOLD HERE

10 NOTE: Previous registration information

I was previously registered under this name and address:

Name _____ Sign as previously registered

Address _____ County _____

City _____ State _____ ZIP _____

X

WARNING: If you knowingly provide false information on this voter registration form or knowingly make a false declaration about your qualifications for voter registration, you will have committed a class C felony that is punishable by imprisonment for up to five years, or by a fine of up to ten thousand dollars or both imprisonment and fine. (RCW 29A.08.210)

11 Voter Declaration

By signing this document, I hereby assert, under penalty of perjury, that I am legally eligible to vote. If I am found to have voted illegally, I may be prosecuted and/or fined for this illegal act. In addition, I hereby acknowledge that my name and last known address will be forwarded to the appropriate state and/or federal authorities if I am found to have voted illegally. (RCW 29A.08.210)

- I declare that the facts on this registration form are true;
- I am a citizen of the United States;
- I am not presently denied my civil rights as a result of being convicted of a felony;
- I will have lived in Washington state at this address for thirty days immediately before the next election at which I vote;
- I will be at least eighteen years old when I vote.

(RCW 29A.08.230)

SIGN OR MARK IN THE BOX

X

| | | |
|--|---------|---|
| 12 If you are physically unable to sign your name, please have the person who assisted you in completing this form provide: | NAME | DATE SIGNED _____ / ____ / ____ Month/Day/Year |
| | ADDRESS | |

COUNTY _____



Postage
Required
Post Office will
not deliver
without proper
postage.

SECRETARY OF STATE
VOTER REGISTRATION BY MAIL
PO BOX 40230
OLYMPIA WA 98504-0230



IMPORTANT!

TO REGISTER TO VOTE, YOU MUST BE:

- ✓ A citizen of the United States of America
- ✓ A legal resident of Washington State
- ✓ At least 18 years old by Election Day

Mail-In Voter Registration Form

You may use this form to:

- Register to vote in Washington State
- Update your name or address information
- Request ongoing absentee ballots

Please complete all the information in boxes 1 through 11. Once you have completed this form, fold, seal and mail.

If you have been convicted of a felony, you must have your rights restored before you register to vote.

Keep your registration up-to-date!

You may not be able to vote in the next election if your county elections department does not have your current name or address on file. Use this form to update your information.

Note: In order to vote in the next election, your Mail-In Voter Registration Form must be **postmarked** at least 30 days before the next election. If you miss this deadline, your registration will not take effect until after the upcoming election. If you are not currently registered to vote in Washington State, you may also register to vote in person at your county elections department up to 15 days before any election.

If you are registering to vote for the first time in Washington State, submitting this form by mail, and did not complete box 2A or 2B, you must provide a copy of:

- Current photo ID;
- Current utility bill;
- Bank statement;
- Government check;
- Paycheck; or
- Other government documentation showing your name and address.

Questions?

Contact your county elections department (under government listings in your telephone directory) or call the Secretary of State's toll-free Voter Information Hotline at 1-800-448-4881 (TTY/TDD 1-800-422-8683). Information and assistance is also available online at www.vote.wa.gov.