

VOTER REGISTRATION FORM – MARIN COUNTY, CALIFORNIA

Fill out this form if you are a new voter, have moved or changed your name, or want to change your political party preference. Use blue or black ink. **PRINT CLEARLY.**

- 1. Are you a U.S. citizen?..... Yes No
- 2. Will you be 18 or older by the next election? Yes No

A "No" answer to either question means you CANNOT register to vote.

3. **Your legal name:** First name _____ Middle name _____

4. Last name _____

5. *Optional*
 Mr. Mrs. Ms. Miss

6. Home address – not a P.O. Box or business address – (number, Street, Ave., Drive, etc. Include N,S,E,W) _____ Apt or unit # _____

7. City _____ State _____ Zip _____ California county **MARIN**

8. If you do not have a street address, describe where you live (cross streets, Route, N,S,E,W) _____

9. Mailing address – if different from above, or P.O.Box _____

10. City _____ State _____ Zip _____ Foreign country _____

11. Date of birth _____ 12. U.S. state or foreign country of birth _____

13. CA driver's license or CA ID card # _____
 If you do not have a CA driver's license or ID card, list the Last 4 numbers of your Social Security Number, if you have one _____

14. SSN (last 4 numbers) _____ Phone numbers are posted at Polling places on election day _____

15. Email (optional) _____ 16. Phone number (optional) _____

17. Do you want to choose a political party preference?

No Party Preference.
 No, I do not want to choose a political Party preference. (If you check this box, you may be able to vote for some parties' candidates at a primary election for U.S. President or party committee.)

Yes, my political party preference is (check one):

<input type="checkbox"/> American Independent Party	<input type="checkbox"/> Americans Elect Party	<input type="checkbox"/> Democratic Party
<input type="checkbox"/> Green Party	<input type="checkbox"/> Libertarian Party	<input type="checkbox"/> Peace and Freedom Party
<input type="checkbox"/> Republican Party	<input type="checkbox"/> Other (specify): _____	

18. To receive a vote-by-mail ballot in all elections, initial here: _____.

19. If you were registered to vote before, fill out below:

First name _____ Middle initial _____ Last name _____

Previous address where you were registered _____ City _____

State _____ Zip _____ Previous county _____ Previous party preference (if any) _____

20. Read and sign below.

I am a U.S. citizen and will be at least 18 years old on election day. I am not in prison or on parole for a felony. I understand that it is a crime to intentionally provide incorrect information on this form. I declare under penalty of perjury under the laws of the State of California that the information on this form is correct and true.

VOTERS SIGNATURE. SIGN INSIDE BOX BELOW. DO NOT PRINT.

▶

◀

Date _____
 _____ / _____ / _____
 Month Day Year

Important! To vote in the next election, you must mail or deliver this card at least 15 days before the next election. New voters who register by mail may have to show their ID at the polling place the first time they vote.

Optional

A. Check here if you can be a poll worker
If bilingual, indicate language(s):
 Check here if you can provide a polling place on election day.

B. Your ethnicity/race:

C. Check your language preference: English Spanish Chinese
 Español 中文

Vietnamese Korean Tagalog Japanese
 Việt ngữ 한국어 Tagalog 日本語

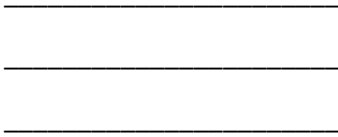
Did someone help you fill out or deliver this form?

If yes, the person who helped you must fill out and sign both parts of this box.

 Signature Month Day Year

Name, address, and tel.: _____

Org. name and tel. (if any): _____



First-
Class
Stamp

COUNTY OF MARIN
ELECTIONS DEPARTMENT
PO BOX E
SAN RAFAEL CA 94913