

**Application for a Vote-By-Mail Ballot
For the June 5, 2012 Presidential Primary Election**

To obtain a vote-by-mail ballot, complete the information on this form. This application must be received by the elections official no later than 5:00 p.m. on May 29, 2012.

1. Print Name: _____ **2. Date of Birth:** _____
mo/day/yr

_____ **First Name** _____ **Middle Name** _____ **Last Name**

3. Residence Address in Marin County (please print):

_____ **Number and Street – as registered (P.O. Box, Rural route, etc. not acceptable) (Designate N, S, E, or W if used)**

_____ **City** _____ **State** _____ **Zip Code**

4. Telephone Number: (_____) _____ (_____) _____
daytime (optional) evening (optional)

5. Print Mailing Address for Ballot: (If different from above):

Temporary or Mailing Address New Address, Date of Move _____

*Note: Organizations distributing this form may not preprint mailing address information

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

_____ **City** _____ **U.S. State or Foreign Country** _____ **Zip Code**

6. I am not presently affiliated with any political party. However, for the primary election only, I request a vote-by-mail ballot for the following party Democratic American Independent

* NOTE: Organizations distributing this form may not preprint check mark or political party name.

7. This application will not be accepted without the proper signature of the applicant.

I have not applied for, nor do I intend to apply for, a vote-by-mail ballot from any other jurisdiction for this election. I certify under **penalty of perjury** under laws of the State of California that the name and residence address and information I have provided on this application are true and correct.

_____ **Signature**

_____ **Date**

Warning: Perjury is punishable by imprisonment in state prison for two, three or four years.
(Section 126 of the California Penal Code)

8. This form was provided by: Marin County Elections Department, 3501 Civic Center Dr., Room 121 P.O. Box E, San Rafael, CA 94913 (415) 473-6456

FOR OFFICIAL USE ONLY

NOTICE

You have the legal right to mail or deliver the application directly to the local elections official where you reside. Returning this application to anyone other than your election official may cause delay that could interfere with your ability to vote.

The County of Marin Elections Department address is:
Elections Department
3501 Civic Center Drive, Room 121
P.O. Box E, San Rafael CA 94913
Telephone Number: (415) 473-6456
Fax Number: (415) 473-6447

* In order to determine which parties allow Decline to State voters to vote in their primary elections, contact the Secretary of State's toll-free number: 1-800-345-VOTE.
(EC 3006 (c))

Permanent Vote-By-Mail Voter:

Check here if you wish to become a Permanent Vote-By-Mail Voter. Any voter may request to be a Permanent Vote-By-Mail Voter. If you check the box above and sign here:

A vote-by-mail ballot will automatically be sent to you for future elections. Failure to vote in two consecutive statewide general elections will cancel your Permanent Vote-By-Mail Voter Status and you will need to reapply. If you have any questions concerning voting by Vote-By-Mail Ballot, telephone your county of residence Elections Office.

(Elections Code Section 3201, 3206)

The format used on this application **MUST** be used by ALL individuals, organizations and groups that distribute vote-by-mail ballot applications.

(Elections Code Section 3007)

Failure to conform to this format may result in criminal prosecution.

(Elections Code Sec 18402)