



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

FOR OFFICE USE ONLY

Will you be at least 18 years of age or older before Election Day? YES NO
Are you a citizen of the United States? YES NO

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 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 Male Female Daytime Phone Number ()

5 First Name Middle Name Jr. II Sr. 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 _____
Address _____ County _____
City _____ State _____ ZIP _____

Sign as previously registered

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

ADDRESS

DATE SIGNED

/ /
Month/Day/Year

