



VOTER VERIFICATION & BALLOT PICK-UP FORM

The attached form is provided for voter convenience. Printing, completing and signing the form in advance may speed up your transaction and in some cases may prevent a second trip to a vote center or the elections office. This form is available at all voting locations.

The form is for voters who are registered. Other individuals must register using a registration card or by going online to registertovote.ca.gov through May 18. After that date, most voters must register in person through the Conditional Voter Registration process.

Who would use this form?

- 1. A registered voter who is coming to a vote center or the elections office to get their own ballot.**
- 2. You are picking up a ballot for someone else.** This form must be completed with the other person's name, address and birthdate. The other person signs to confirm, under penalty of perjury, that the information is correct. The authorized pick-up person also signs.

More steps may be required, depending on the situation. Contact the Stanislaus County Registrar of Voters at 209-525-5201 if you have questions.

Jun-26



FORMULARIO PARA RECOGER LA BOLETA Y VERIFICACIÓN DE VOTANTE

El formulario adjunto se proporciona para conveniencia del votante. Imprimir, completar y firmar el formulario por adelantado puede acelerar su transacción y en algunos casos puede impedir un segundo viaje a un centro de votación o a la oficina electoral. Este formulario está disponible en todos los sitios de votación.

El formulario es para los votantes que están registrados. Otras personas deben registrarse usando una tarjeta de registro o visitando registertovote.ca.gov hasta el 18 de mayo. Después de esa fecha, la mayoría de los votantes deben registrarse en persona a través del proceso de Registro Condicional de Votantes.

¿Quién usaría este formulario?

- 1. Un votante registrado que viene a un centro de votación o a la oficina de elecciones para obtener su propia boleta.**
- 2. Usted está recogiendo una boleta para otra persona.** Este formulario debe ser completado con el nombre, dirección y fecha de nacimiento de la otra persona. La otra persona firma para confirmar, bajo pena de perjurio, que la información es correcta. La persona autorizada para recoger también firma.

Es posible que se requieran más pasos, dependiendo de la situación. Comuníquese con el Registro de Votantes del Condado de Stanislaus al 209-525-5230 si tiene preguntas.

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Stanislaus County Registrar of Voters
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(Elections Code §§ 2119.5, 2152, 3014)

This form is to be filled out by the voter requesting their own ballot. The voter's record may be updated with changes indicated on this form, such as changes to address, party or signature.

First name Middle name Last name(s) (including suffix, such as Jr., Sr., III)
Date of birth: MM / DD / YYYY

Current home address Apt or Unit #
City State ZIP

Mailing address - If different from above or P.O. Box
City State ZIP

Previous home address (if you have moved)

Please mark your party preference:
[] American Independent Party
[] Democratic Party
[] Green Party
[] Libertarian Party
[] Peace and Freedom Party
[] Republican Party
[] Other (specify):
[] No Party / None

I request that my vote by mail ballot be provided to a representative I authorize below:
Printed name of authorized representative
The authorized representative signs below in acknowledgement upon receiving the vote by mail ballot:
Authorized representative signature

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this request is true and correct. I understand that voting more than once in the same election is a crime.

X
VOTER SIGNATURE REQUIRED Month Day Year

