FOR OFFICIAL USE ONLY

California Replacement Ballot Application

THIS IS AN APPLICATION FOR A	THIS IS AN APPLICATION FOR A REPLACEMENT BALLOT FOR THE			_ · ELECTION.		
		Month/Day/Year		(Primary, General,		
PRINT NAME:				3.	DATE OF BIRTH:	
First Name	Middle Name or Initial	Last				Month/Day/Year
RESIDENCE ADDRESS:	Number and Street (P.O. Box, Rural Route, e			(5.1		
	Number and Street (P.O. Box, Rural Route, 6	etc. Will not be accepted)		(Designate r	N, S, E, W if used)	
City						
MAILING ADDRESS FOR BALLO	T (IF DIFFERENT FROM ABOVE): s outside of the U.S., and you	^{Zip Code} are a military or ov	erseas voter,	California Count	,	gov or
MAILING ADDRESS FOR BALLO If your mailing address is	s outside of the U.S., and you d Application at www.fvap.gc	are a military or ov	erseas voter,		,	gov or
MAILING ADDRESS FOR BALLO If your mailing address is use the Federal Post Car	s outside of the U.S., and you d Application at www.fvap.gc	are a military or ov	erseas voter,	register at R	,	gov or
MAILING ADDRESS FOR BALLO If your mailing address is use the Federal Post Car Number and Street/P.O. Box (Design	s outside of the U.S., and you dead Application at www.fvap.go	are a military or ov	erseas voter,	register at R	egister To Vote.ca.	gov or
MAILING ADDRESS FOR BALLO' If your mailing address is use the Federal Post Car Number and Street/P.O. Box (Design	s outside of the U.S., and you dead Application at www.fvap.go	are a military or ov		register at R	egister To Vote.ca.	gov or
MAILING ADDRESS FOR BALLO If your mailing address is use the Federal Post Car Number and Street/P.O. Box (Design	s outside of the U.S., and you dead Application at www.fvap.gc	are a military or ov		register at R	egister To Vote.ca.	gov or

HOW TO FILL OUT THIS APPLICATION

ITEM 1. Enter the date of the election in which you are requesting a replacement (month, day, year), and the type of election (Primary, General, or Special).

ITEM 2. Print your first, middle, and last names as they appear on your Voter Registration Card.

ITEM 3. Print your date of birth in this order – month, day, year.

ITEM 4. Print the complete street address of your voting residence. A post office box or rural route cannot be accepted.

ITEM 5. Mailing address information must be completed by the voter. Print the complete address where you want your ballot sent if it is different than the residence address provided in Item 4.

ITEM 6. Print your telephone number (optional, not required) to allow the elections office to contact you if more information is needed.

HOW TO SUBMIT THE APPLICATION

Your Replacement Ballot Application must be returned to your county elections official.

If this application is returned by mail, it must be returned directly to your county elections official.

Please do not send applications to the Secretary of State's (SOS) office. Doing so will delay the application process.

You can find the address and telephone number of your county elections official on the SOS website at www.sos.ca.gov/elections/voting-resources/county-elections-offices