SDVOTE
COUNTY OF SAN DIEGO
REGISTRAR OF VOTERS

Replacement Vote-By-Mail Ballot Application
November 3, 2026, Gubernatorial General Election

Only the registered voter themself may request a replacement ballot. A request for a replacement ballot that is made by any person other than the registered voter is a criminal offense. (EC§3014(a))

1. VOTER'S NAME: _____ **2. DATE OF BIRTH:** _____
(PLEASE PRINT) (First) (Middle) (Last) *(Month/Day/Year)*

3. RESIDENCE ADDRESS: _____
(Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N, S, E, W if used))

_____
(City) *(State)* *(Zip Code)*

4. *MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):
If your mailing address is outside of the U.S., and you are a military or overseas voter, register at RegisterToVote.ca.gov or use the Federal Post Card Application at www.fvap.gov

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

_____
(City) *(State or Foreign Country)* *(Zip Code or Postal Code)*

5. LANGUAGE PREFERENCE REQUEST (SELECT ONE ONLY—OPTIONAL):
If you want to receive a ballot in another language, other than English, please check a box:

☐ SPANISH ☐ FILIPINO ☐ VIETNAMESE ☐ CHINESE

6. TELEPHONE NUMBER: _____ **7. EMAIL:** _____
(Optional) *(Optional)*

8. THIS APPLICATION MUST BE SIGNED.
I certify under penalty of perjury under the laws of the State of California that the information I have provided on this application is true and correct.

SIGNATURE: _____ **DATE:** _____

QUESTIONS? (858) 565-5800
TOLL FREE: (800) 696-0136

*This is a one-time request for this election only

Further information provided on the back

HOW TO FILL OUT THIS APPLICATION

ITEM 1. Print your first, middle, and last names as they appear on your Voter Registration Card.

ITEM 2. Print your date of birth in this order—month, day, year.

ITEM 3. Print the complete street address of your voting residence. A post office box or rural route cannot be accepted.

ITEM 4. Print the complete address where you want your ballot sent if it is different than the residence address provided in Item 3. This is a one-time request for this election only.

ITEM 5. Select only one language preference. (Optional)

ITEM 6. Print your telephone number. (Optional)

ITEM 7. Print your email address. (Optional)

ITEM 8. Sign application and print date in this order—month, day, year. No witness or notary required.

HOW TO SUBMIT THE APPLICATION

For the November 3, 2026, Gubernatorial General Election, your Replacement Vote-By-Mail Ballot Application must be returned to our office on or before October 27, 2026, by 5:00 p.m. Pacific Time.

Please print, complete, sign, and return your Replacement Vote-By-Mail Application using one of the following options:

Email: vbmreplacement@sdcounty.ca.gov

Mail:
Registrar of Voters
P.O. Box 85520
San Diego, CA 92186-5520

Fax: (858) 505-7294

In-Person:
Registrar of Voters
5600 Overland Ave, Suite 100
San Diego, CA 92123

Office Hours:
Monday through Friday
8:00 a.m. to 5:00 p.m.