

COUNTY OF SAN DIEGO
REGISTRAR OF VOTERS
5600 OVERLAND AVE., SUITE 100, SAN DIEGO, CA 92123
Phone (858) 565-5800 Fax (858) 505-7294 TTY/TDD (800) 735-2929
Email: VBMFORMS@sdcounty.ca.gov

SIGNATURE FORM AND VERIFICATION STATEMENT

NOTICE: ONE OF THE FOLLOWING APPLIES TO YOU:

- **YOU DID NOT SIGN YOUR VOTE-BY-MAIL OR PROVISIONAL BALLOT IDENTIFICATION ENVELOPE, OR**
- **YOUR SIGNATURE COULD NOT BE VERIFIED ON YOUR VOTE-BY-MAIL OR PROVISIONAL BALLOT IDENTIFICATION ENVELOPE**

**READ THESE INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY
CAUSE YOUR VOTE-BY-MAIL OR PROVISIONAL BALLOT NOT TO COUNT.**

This STATEMENT must be completed by the voter and received by the Registrar of Voters office no later than **5 p.m. (Pacific Standard Time) on Nov. 30, 2025**. You must fill out this STATEMENT completely and provide your signature.

You may return this STATEMENT by:

- **DROPPING-OFF** your signed STATEMENT at:
 - Registrar of Voters office (5600 Overland Avenue, Suite 100, San Diego 92123, Monday through Friday 8 a.m. – 5 p.m.)
Please note the office will be closed on Nov. 11, 27, and 28 in observance of county holidays.
 - Any Ballot Drop Box location (visit sdvote.com for locations and hours of operation)
 - Any Vote Center (open Oct. 25 – Nov. 3, 8 a.m. – 5 p.m.; Election Day, Nov. 4, 7 a.m. – 8 p.m.)
- **MAILING** your signed STATEMENT to our office. Your signed STATEMENT must be received by the Registrar of Voters office no later than 5 p.m. on Nov. 30, 2025 (Postmark Not Acceptable). If you return this form by mail, you must place postage on the envelope.
- **FAXING** the signed STATEMENT to the Registrar of Voters office at (858) 505-7294.
- **EMAILING** the signed STATEMENT to the Registrar of Voters office to VBMFORMS@sdcounty.ca.gov.

I, _____, am a registered voter of San Diego County,
(Print Name of Voter)

State of California. I declare under penalty of perjury that I received and returned a vote-by-mail or provisional ballot and that I have not and will not vote more than one ballot in this election. I am a resident of the precinct in which I have voted, and I am the person whose name appears on the vote-by-mail or provisional ballot envelope. I understand that if I commit or attempt any fraud in connection with voting, or if I aid or abet fraud or attempt to aid or abet fraud in connection with voting, I may be convicted of a felony punishable by imprisonment for 16 months or two or three years. I understand that my failure to sign this statement means that my vote-by-mail or provisional ballot is not eligible to be counted.

COMPLETE ALL INFORMATION

VOTER SIGNATURE: _____ **DATE OF BIRTH:** _____
DO NOT PRINT (Power of attorney cannot be accepted)

WITNESS SIGNATURE, as necessary: _____
(If the voter is unable to sign, they may make a mark witnessed by one person over the age of 18 years.)

REGISTERED RESIDENCE ADDRESS: _____
(Street Address)

(City)

(State)

(Zip Code)

FOR VOTE-BY-MAIL STAFF USE ONLY

AVID#: _____ **Initials:** _____ **Return Date:** _____