

**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

**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 IDENTIFICATION ENVELOPE**

**READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING THIS FORM.**  
**FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNTED.**

This form must be completed by the voter and returned to the Registrar of Voters office no later than **5 p.m. (Pacific Standard Time) on October 12, 2021**. You must fill out this form completely and provide your signature.

You may return this form by:

- **COMING to the Registrar of Voters office in person** to sign your original Vote-By-Mail or Provisional Ballot Identification Envelope or dropping-off this form, Monday through Friday 8 am to 5 pm.  
**OR**
- **MAILING** this form to our office. Your signed Form must be received at the Registrar of Voters office no later than 5 p.m. on October 12, 2021 (*Postmark Not Acceptable*). If you return this form by mail, you must place postage on the envelope.  
**OR**
- **DROPPING-OFF** your signed form at a polling place or a designated mail ballot drop-off site in San Diego County before 8 pm on Election Day, September 14, 2021.  
**OR**
- **FAXING** the signed Form to the Registrar of Voters office at (858) 505-7294.  
**OR**
- **EMAILING** the signed Form to the Registrar of Voters office at [VoteByMail@sdcounty.ca.gov](mailto:VoteByMail@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 requested 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 Identification 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:** \_\_\_\_\_  
*DO NOT PRINT (Power of attorney cannot be accepted)*

**WITNESS SIGNATURE, as necessary:** \_\_\_\_\_  
*(If the voter is unable to sign, s/he 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:** \_\_\_\_\_