

BALLOT OATH

**Complete and return this form with your voted ballot.
Both OATH and BALLOT must be received by 8:00 pm (PST) on Election Day.**

Fax your voted ballot and oath to (562) 232-7924 or (877) 614-1127
(remember to use the country code if faxing from outside of the United States)

In choosing to return your ballot by fax or mail, you have waived your right to have your voted ballot kept secret (California Elections Code, Section 3106). Once received, your vote choices will be duplicated by an elections official onto ballot card(s). However, every effort will be made to ensure your vote is kept confidential.

1. PRINT NAME:	2. DATE OF BIRTH: _____	
_____	_____	
First Name	Middle Name or Initial	Last Name
3. RESIDENCE ADDRESS (please print)		
_____		_____
Number and Street – as registered (P.O. Box, Rural Route, etc. not acceptable)		(Designate, N, S, E, W if used)
_____		U.S.A.
City	County	Zip Code
4. TELEPHONE NUMBER: () _____	EMAIL: _____	

OATH OF VOTER

Please read the following statement and then sign and date below

I declare as follows:

- (1) I am absent from the California county where I am registered to vote; and
- (2) I am a 1) member of the active or reserve components of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; a Merchant Marine; a member of the United States Public Health Service Commissioned Corps; a member of the National Oceanic and Atmospheric Administration Commissioned Corps of the United States; or a member on activated status of the National Guard or state militia; or 2) an eligible spouse or dependent of such person; or 3) an eligible United States citizen living outside of the territorial limits of the United States or the District of Columbia; and
- (3) I am a United States citizen, at least 18 years of age or older on Election Day, and I am eligible to vote in the California jurisdiction in which I am voting with the enclosed/attached voted ballot; and
- (4) I am not currently serving a state or federal prison term for the conviction of a felony; and
- (5) I have not been found mentally incompetent to vote by a court, or if so, my voting rights have been reinstated; and
- (6) I am not registering, requesting a ballot, or voting in any other jurisdiction in the United States, except the California jurisdiction cited in this enclosed/attached ballot; and
- (7) I am the person whose name appears on this document.

I declare under penalty of perjury under the laws of the State of California or the United States that the foregoing is true and correct.

Your ballot will not be counted unless you sign this declaration and include it in the same fax transmission or mailed with your ballot. You must sign in your own handwriting.

My signature and date below indicate when I completed this document. The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completing this document may be grounds for conviction of perjury under the laws of the State of California or the United States.

X _____ Date _____
YOUR SIGNATURE AS REGISTERED TO VOTE - DO NOT PRINT
(Power of Attorney NOT ACCEPTABLE)

OFFICIAL USE ONLY

VOTER ID #	BALLOT GROUP #	AV ID #	SERIAL #

County of Los Angeles Registrar-Recorder/County Clerk 12400 Imperial Hwy Norwalk CA 90650 USA

