



LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK

BALLOT OATH

Complete and return this form with your voted ballot. Both OATH and BALLOT must be returned or postmarked on or before Election Day by mail or in-person drop off.

In choosing to return a ballot using Remote Accessible Vote By Mail, your vote choices will be duplicated by an elections official onto ballot card(s). Warning: voting twice in the same election is a crime.

1. PRINT NAME:

2. DATE OF BIRTH: _____

First Name

Middle Name or Initial

Last Name

3. LA COUNTY RESIDENCE ADDRESS (please print)

Number and Street - (P.O. Box, Rural Route, etc. not acceptable)

(Designate N, S, E, W if used)

U.S.A.

City

County

Zip Code

4. MAILING ADDRESS (please print)

Number and Street - (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 a resident of and a voter in the precinct, and I am the person whose name appears on this document.
- (2) I have not voted nor intend to vote a ballot from any other jurisdiction for this same election.
- (3) I declare under penalty of perjury that this is true to the best of my knowledge and belief.
- (4) I understand that, as with any vote by mail voter, my signature, whether on this oath of voter form or my identification envelope, will be permanently separated from my voted ballot to maintain its secrecy at the outset of the tabulation process and thereafter.

Your ballot will not be counted unless you sign this declaration and include it in the same envelope with your ballot. You must sign in your own handwriting. Signature must match voter registration record.

X _____

YOUR SIGNATURE AS REGISTERED TO VOTE

(Power of Attorney NOT ACCEPTABLE)

Date

OFFICIAL USE ONLY

VOTER ID #	BALLOT GROUP #	AV ID #	SERIAL #