FOR OFFICIAL USE ONLY

California Replacement Ballot Application

THIS IS AN APPLICATION FOR A	REPLACEMENT BALLOT FOR THE			EI	ECTION.
		Month/Day/Year	Type of Election (Primary		LOTION.
PRINT NAME:			3.	DATE OF BIRTH:	
First Name	Middle Name or Initial	Last			Month/Day/Year
Number and Street (P.O. Box, Rural Route, etc. will not be accepted)		(Designate N, S, E, W if used)			
City		Zip Code	California Count	ty	
MAILING ADDRESS FOR BALLOT	(IE DIFFERENT FROM ABOVE).				
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ise the Federal Post Card	Application at www.fvap.g	ov.	reiseas votei, regist	er at RegisterToV	ote.ca.gov or
Ise the Federal Post Card	Application at www.fvap.g	ov.		er at Register I o V	
Number and Street/P.O. Box (Designar	Application at www.fvap.gr N, S, E, W if used) State or Foreign Country	ov.			
Number and Street/P.O. Box (Designar	Application at www.fvap.gr N, S, E, W if used) State or Foreign Country	ov.			
Number and Street/P.O. Box (Designar City TELEPHONE NUMBER (OPTIONA YES, I WANT TO REQUEST A I have declined to disclose	Application at www.fvap.gr N, S, E, W if used) State or Foreign Country NL):	THE PRESIDENTIAL PRI	Evening MARY ELECTION.	Zip Code or Postal Code	
Number and Street/P.O. Box (Designar City TELEPHONE NUMBER (OPTIONA YES, I WANT TO REQUEST A I have declined to disclose	Application at www.fvap.gr N, S, E, W if used) State or Foreign Country LL): Day A POLITICAL PARTY BALLOT FOR e a preference for a qualifier	THE PRESIDENTIAL PRI	Evening MARY ELECTION. DWEVER, for this prim	Zip Code or Postal Code	
Number and Street/P.O. Box (Designar City TELEPHONE NUMBER (OPTIONAL I have declined to disclose replacement ballot for the "The above political parties"	Application at www.fvap.gr N, S, E, W if used) State or Foreign Country LL): Day A POLITICAL PARTY BALLOT FOR e a preference for a qualifie e following party* (choose of	the Presidential Prid political party. Hone): Democra	Evening MARY ELECTION. Dwever, for this prim tic	Zip Code or Postal Code nary election only arian ned to disclose a	, I request a

HOW TO FILL OUT THIS APPLICATION

ITEM 1. Enter the date of the election in which you are requesting a replacement (month, day, year), and the type of election (Primary, General, or Special).

ITEM 2. Print your first, middle, and last names as they appear on your Voter Registration Card.

- ITEM 3. Print your date of birth in this order month, day, year.
- ITEM 4. Print the complete street address of your voting residence. A post office box or rural route cannot be accepted.
- **ITEM 5.** Mailing address information must be completed by the voter. Print the complete address where you want your ballot sent if it is different than the residence address provided in Item 4.
- ITEM 6. Print your telephone number (optional, not required) to allow the elections office to contact you if more information is needed.

ITEM 7. Only complete Item 7 if the application is for a Presidential Primary Election and you did not choose a political party preference when you registered to vote. If you did not choose

a preference for a political party when you registered to vote, you are considered a No Party Preference voter and may check on of the boxes to request one of the listed party's presidential ballot. If you choose not to request a party's presidential ballot, you will be provided a nonpartisan ballot containing only the names of candidates for voter-nominatedoffices (this does not include presidential candidates) and measures, if any, to be voted for at the Presidential Primary Election.

HOW TO SUBMIT THE APPLICATION

Your Replacement Ballot Application must be returned to your county elections official.

If this application is returned by mail, it must be returned directly to your county elections official.

Please do not send applications to the Secretary of State's (SOS) office. Doing so will delay the application process.

You can find the address and telephone number of your county elections official on the SOS website at www.sos.ca.gov/elections-voting-resources/county-elections-offices