

**COUNTY OF CALAVERAS
APPLICATION FOR PERMANENT VOTE BY MAIL STATUS**

1. PRINT NAME:

2. DATE OF BIRTH: _____

First Name

Middle Name or Initial

Last Name

3. RESIDENCE ADDRESS:

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

City

State

Zip Code

4. TELEPHONE NUMBER:

daytime (optional)

evening (optional)

5. PRINT MAILING ADDRESS FOR BALLOT (If different from above):

Number and Street/P.O. Box

City

State or Country

Zip Code

6. This application will not be accepted without the proper signature of the applicant or applicant's mark (one witness, at least 18 years old, required if mark is used). I hereby apply for Permanent Vote by Mail Voter status. I certify under penalty of perjury that the information on this application is true and correct.

Signature or mark of applicant (do not print)

Date

Witness Signature

Date

NOTE: If a permanent vote by mail voter fails to vote in any statewide general election, the voter will lose his/her permanent absent voter status, but will continue to be a registered voter if he/she has not moved or changed his/her name.

**RETURN COMPLETED APPLICATION TO: CALAVERAS COUNTY
ELECTION DEPARTMENT, 891 MOUNTAIN RANCH ROAD, SAN ANDREAS,
CA 95249.**