

**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  
Email: [VBMFORMS@sdcounty.ca.gov](mailto:VBMFORMS@sdcounty.ca.gov)

**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 BALLOT IDENTIFICATION ENVELOPE

**READ THESE INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR VOTE-BY-MAIL OR PROVISIONAL BALLOT NOT TO COUNT.**

This STATEMENT must be completed by the voter and received by the Registrar of Voters office no later than **5 p.m. (Pacific Standard Time) on April 16, 2025**. You must fill out this STATEMENT completely and provide your signature.

You may return this STATEMENT by:

- **DROPPING-OFF** your signed STATEMENT at:
  - Registrar of Voters office (5600 Overland Avenue, Suite 100, San Diego 92123, Monday through Friday 8 a.m. – 5 p.m.)  
*Please note the office will be closed on Mar. 31 in observance of Cesar Chavez Day.*
  - Any Ballot Drop Box location (visit [sdvote.com](http://sdvote.com) for locations and hours of operation)
  - Any Vote Center (open Mar. 29 – Apr. 7, 8 a.m. – 5 p.m.; Election Day, Apr. 8, 7 a.m. – 8 p.m.)
- **MAILING** your signed STATEMENT to our office. Your signed STATEMENT must be received by the Registrar of Voters office no later than 5 p.m. on April 16, 2025 (*Postmark Not Acceptable*). If you return this form by mail, you must place postage on the envelope.
- **FAXING** the signed STATEMENT to the Registrar of Voters office at (858) 505-7294.
- **EMAILING** the signed STATEMENT to the Registrar of Voters office at [VBMFORMS@sdcounty.ca.gov](mailto:VBMFORMS@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 received 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 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 OF BIRTH:** \_\_\_\_\_  
*DO NOT PRINT (Power of attorney cannot be accepted)*

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