

Mail-In Voter Registration Form



To fill out this form, simply click in the boxes and type the requested information. Please complete all boxes (1-12). When you are finished, **print** the document and **sign it in Boxes 9 and 11**. Then place in an envelope and mail* to:

Office of the Secretary of State
 Voter Registration by Mail
 PO Box 40230 • Olympia, WA 98504-0230

TO REGISTER TO VOTE, YOU MUST BE

- ✓ A citizen of the United States of America
- ✓ A legal resident of the State of Washington
- ✓ At least 18 years old by election day

Need help? [Click Here](#) for our Instructions & Assistance Page

*FORM MUST BE PRINTED AND SENT BY REGULAR MAIL. DO NOT E-MAIL.

WARNING: If you knowingly provide false information on this voter registration form or knowingly make a false declaration about your qualifications for voter registration you will have committed a class C felony that is punishable by imprisonment for up to five years, or by a fine of up to ten thousand dollars, or both imprisonment and fine. (RCW 29.07.070)

1	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No*	2	Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No*	For Official Use Only
*NOTE: If you checked "NO" in response to box 1 or 2 above, do not complete this form.				
3	<input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	First Name	Middle Initial	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III
				<input type="checkbox"/> Male <input type="checkbox"/> Female
4	Address Where You Live		City or Town	ZIP Code
5	Address Where You Get Your Mail (If Different Than #4)		City or Town	State ZIP Code
6	Date of Birth (Month/Day/Year) / /	7	Daytime Phone Number (w/ area code) ()	
			E-Mail Address (Optional)	
Federal Law requires you to provide your Driver's License number. If you do not have a Washington Driver's License, you must provide the last 4 digits of your Social Security Number. Failure to provide this information may prevent your registration from being processed.			Voter Declaration – Read and Sign Boxes 9 and 11.	
8	WA Driver's License #	9	Last 4 Digits of Social Security # "I declare that the facts on this voter registration form are true: • I am a citizen of the United States • I am not presently denied my civil rights as a result of being convicted of a felony • I will have lived in Washington at this address for thirty days immediately before the next election at which I vote • I will be at least eighteen years old when I vote." Date Signed ____ / ____ / ____ Month / Day / Year	
ONGOING ABSENTEE REQUEST I would like to receive absentee ballots for all future elections: YES <input type="checkbox"/> CHECK ONE NO <input type="checkbox"/>			SIGN HERE X	

10	Last Name	First Name	Initial
	SIGN HERE X		
11			

12	I was <u>previously</u> registered under this name and/or address: Name _____ Street _____ City _____ County _____ State _____ ZIP _____ Please sign as <u>previously</u> registered: <div style="text-align: center; color: red; font-weight: bold; font-size: 1.5em; margin-top: 20px;">X</div>
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