

FEDERAL POST CARD APPLICATION (FPCA) REGISTRATION RECEIPT



Print, Sign and Mail

- Print and sign your application.
- Mail or fax your signed FPCA.
 - Mail your FPCA to your county elections office. You must fold and tape the form for mailing. Put the county elections office address on the outside. Place a first-class stamp in the box in the upper-right corner. To print a U.S. postage-paid return envelope, go to the Federal Voting Assistance Program (FVAP) website at www.fvap.gov. If you are outside the U.S., put the correct foreign postage on the envelope.
 - Fax your FPCA to your county elections office. If you are outside the U.S., check the FVAP website at www.fvap.gov for toll-free fax numbers. You may also use your county elections office fax number, which is not toll-free. If you use an FVAP fax number, your fax will go to FVAP in Washington, DC. FVAP will then fax your form to your county elections office.

Important Notices

- This page is your receipt. Keep it until you get a Voter Notification Card in your mail. If you have any questions, please contact your county elections office and give the affidavit number above.
- If you do not get your special absentee ballot at least 30 days before election day, you should use the Federal Write-In Absentee Ballot.
- If you are returning your ballot by:
 - Mail, your ballot must be postmarked on or before election day <u>and</u> your county elections office must get your ballot no later than 3 days after election day.
 - Fax (only if you live outside the U.S.), your county elections office must get your ballot by 8:00 p.m. on election day
- The Federal Voting Assistance Program recommends mailing your voted ballot:
 - If you are on a ship at sea: at least 4 weeks before election day
 - If you are outside the U.S.: at least 3 weeks before election day
 - If you are stateside: 1 week before election day
- The law protects your voter registration information against commercial use. Report any problems to the Secretary of State's Voter Hotline at (800) 345-VOTE (8683) or email elections@sos.ca.gov.

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CALIFORNIA	

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NAME & ADDRESS	CALIFORNIA ID SSN4 DATE OF BIRTH
	PHONE NUMBER FAX NUMBER
	THORE NOWIBER
	EMAIL
MAILING ADDRESS	LANGUAGE
	RECEIVE VOTER INFORMATION GUIDE BY MAIL BEFORE EACH STATEWIDE ELECTIO
	BALLOT DELIVERY
	BALLOT BELIVERY
	POLITICAL PARTY
DID SOMEONE HELP YOU FILL OUT THIS FORM?	TOLINGALIANT
YES NO	ETHNICITY/RACE
	CLASSIFICATION
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DEAD SICA	N AND DATE BELOW
I swear or affirm, under penalty of perjury, that	
	ete to the best of my knowledge. I understand that a material
misstatement of fact in completion of this document may	constitute grounds for conviction of perjury.
 I am a U.S. citizen at least 18 years of age, eligible to vote I am not disqualified to vote due to having been convicted 	d of a felony or other disqualifying offense, nor have I been adjudicated
mentally incompetent; or if so, my voting rights have been	n reinstated; and
• I am not pre-registering in any other jurisdiction in the Un	nited States, except the jurisdiction cited in this voting form.
MAIL IMMEDIATELY	

SIGNATURE DATE (MM/DD/YYYY)

FOR OFFICIAL USE ONLY				

FIRST CLASS STAMP NECESSARY FOR MAILING



TAPE HERE TAPE HERE