



Application for Official Permanent Vote by Mail Ballot

To obtain an official vote by mail ballot for each election that you are eligible to vote in please complete this form:

1. PRINT NAME: _____
FIRST NAME MIDDLE NAME/INITIAL LAST NAME

2. DATE OF BIRTH: _____
MONTH DAY YEAR

3. CALIFORNIA ID OR DRIVER'S LICENSE NUMBER: _____

4. RESIDENCE ADDRESS IN MERCED COUNTY: (PLEASE PRINT)

NUMBER AND STREET (PO BOX, RURAL ROUTE, ETC. NOT ACCEPTABLE)

CITY STATE ZIP CODE

5. TELEPHONE NUMBER: DAY: _____ EVENING: _____

6. MAILING ADDRESS FOR BALLOT IF DIFFERENT FROM ABOVE:
(PLEASE PRINT)

NUMBER AND STREET/ PO BOX

CITY STATE OR COUNTRY ZIP CODE

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT

SIGNATURE: _____ **DATE:** _____

Mail application to: Merced County Clerk-Registrar of Voters
2222 "M" Street, Room 14
Merced, CA 95340

Phone: (209) 385-7541
Fax: (209) 385-7387

NOTE: FAILURE TO VOTE YOUR OFFICIAL VOTE BY MAIL BALLOT MAY RESULT IN YOU BEING REMOVED FROM THE PERMANENT VOTE BY MAIL ROLL.