

Signature Resolution Form – Use this form for:

- You forgot to sign your ballot envelope, or
- The signature on your ballot envelope doesn't match the signature in your voter registration file, or
- Your name has changed, or
- You would like to update your signature.

Ballot declaration

I do solemnly swear or affirm under penalty of perjury that I am: a United States citizen; a Washington state resident that meets the requirements for voting mandated by state law; at least 18 years old on election day, or 17 years old at the primary and 18 years old by the day of the November general election; voting only once in this election and not voting in any other United States jurisdiction; not serving a sentence of total confinement under the jurisdiction of the Department of Corrections for a Washington felony conviction or currently incarcerated for a federal or out-of-state felony conviction; not disqualified from voting due to a court order; and aware it is illegal to forge a signature or cast another person's ballot and that attempting to vote when not qualified, attempting to vote more than once, or falsely signing this declaration is a felony punishable by a maximum imprisonment of five years, a maximum fine of \$10,000, or both.

Registration declaration

I declare that the facts on this voter registration form are true. I am a citizen of the United States, I will have lived at this address in Washington for at least thirty days immediately before the next election at which I vote, and I am at least sixteen years old. I am not disqualified from voting due to a court order, and I am not currently serving a sentence of total confinement under the jurisdiction of the department of corrections for a Washington felony conviction and I am not currently incarcerated for a federal or out-of-state felony conviction.

Fill out your voter information below, sign and date (required) This is a new name

Name (please print) _____

Former name (if applicable) _____

Date of birth (mm/dd/yyyy) ____ / ____ / ____

X _____ Date _____

OPTIONAL: If you are unable to write your signature, make a mark in the signature area above. Have your mark witnessed and signed by two people below. **You may not use power of attorney to sign for someone else.**

Signature of witness 1

Signature of witness 2

Provide your contact information (optional)

Please provide us with your contact information. This information is not public and would only be used by our office to contact you with questions about your voter registration or ballot.

Phone

Email

Return this form so we can count your ballot

- Mail: Return this form to Snohomish County Elections, 3000 Rockefeller Ave, M/S 505, Everett WA 98201
- Email: elections@snoco.org (take a clear picture or scan this side of the form and attach as a JPG, GIF or PDF to an email)
- Fax: 425-355-3444
- In Person: Monday through Friday from 9:00AM - 5:00PM at Snohomish County Elections, 3000 Rockefeller Ave, 1st floor Administration West Bldg., Everett

For your vote to count return this form no later than: 9 days after a February or April Election, 13 days after a Primary Election, or 20 days after a General Election