



Voter Registration Application for Non-Citizens to Vote in San Francisco Board of Education Elections

If you are a United States citizen: Do not use this application. You may register to vote in all elections by submitting a California Voter Registration Application or applying online at registertovote.ca.gov.

If you are NOT a United States citizen and you meet the eligibility requirements: Use this application to register to vote in Board of Education elections. The next Board of Education election is November 6, 2018. To be eligible to register and vote in the Board of Education election, you must be:

1. A resident of San Francisco and not a United States citizen.
2. At least 18 years old before or on Election Day
3. A parent, legal guardian, or legally recognized caregiver of a child under age 19 who lives in San Francisco
4. Not in prison or on parole for a felony conviction

Important! San Francisco residents who are not U.S. citizens may vote **only** in San Francisco Board of Education elections and are not eligible to vote in any other federal, state, or other local elections.

How to complete this registration form:

1. Use blue or black ink and print clearly in **A**, on the back of this application.
2. Sign and date the application in **B**.
3. To vote in the November 6, 2018, Board of Education election, submit the registration application to the Department of Elections by mail or in person no later than October 22, 2018 (after this date, you may register at the Department's office in City Hall, and vote a conditional ballot).

The Department of Elections office is in City Hall Room 48. Office hours are Monday through Friday, 8 a.m. to 5 p.m.

Department of Elections
1 Dr. Carlton B. Goodlett Place
City Hall, Room 48
San Francisco, CA 94102

A

First Name

[Grid for First Name]

Middle Name

[Grid for Middle Name]

Last Name (may include suffix, such as Jr., Sr., III)

[Grid for Last Name]

Birth Date: Month / Day / Year

[Grid for Birth Date: MM / DD / YYYY]

Home address (where you live; cannot be a P.O. box)

[Grid for Home Address]

Apt or unit #

[Grid for Apt or unit #]

City

S A N F R A N C I S C O

State

C A L I F O R N I A

Zip

[Grid for Zip]

Mailing Address, if different from Home Address above (can be a P.O. box)

[Grid for Mailing Address]

City

[Grid for City]

State

[Grid for State]

Zip

[Grid for Zip]

Identification

CA driver license or CA ID card #.

[Grid for CA driver license or CA ID card #]

SSN (Last 4 numbers)

[Grid for SSN (Last 4 numbers)]

If you do not have a CA driver license or CA ID card, write the last numbers of your Social Security Number, if you have one. If you have neither, an identifying number will be assigned.

Vote-by-mail Ballot

Check this box if you want a ballot mailed to you.

Check one of the boxes if you want to receive a reference copy of the ballot in one of the listed languages

Korean

Vietnamese

I want to receive a reference copy of the ballot by mail

I want to receive a reference copy of the ballot by email at _____

Country of Birth

[Grid for Country of Birth]

Ethnicity / Race (optional)

[Grid for Ethnicity / Race (optional)]

Email (optional)

[Grid for Email (optional)]

Phone number (optional)

[Grid for Phone number (optional)]

B

Read and sign below.

Under penalty of perjury, I declare that (a) I am not a U.S. citizen; (b) I am a resident of San Francisco; (c) I am at least 18 years old before or on Election Day; (d) I am the parent, legal guardian, or legally recognized caregiver of a child under the age of 19 who also lives in San Francisco; (e) I am not imprisoned or on parole for conviction of a felony; and, (f) all information on this application is true and correct.

Your signature (required) _____ Date (required) _____

Did someone help you fill out or deliver this form? If yes, the person who helped you must fill out and sign this box.

Signature _____ Date ____ / ____ / ____

Name, address, and phone # _____

Org. name and phone # _____