



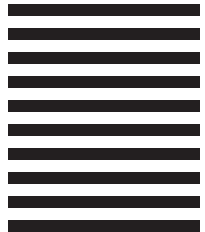
**Checklist for Non-Citizen Voter Registration**  
**San Francisco School Board Election, November 5, 2019**

**AVISO IMPORTANTE PARA QUEM NÃO É CIDADÃO AMERICANO**

Quaisquer informações fornecidas ao Department of Elections, incluindo seu nome e endereço, podem ser obtidas pela Immigration and Customs Enforcement (ICE), além de outras agências, organizações e pessoas físicas. Além disso, ao entrar com um pedido de naturalização, será perguntado se você alguma vez se cadastrou para votar ou votou em uma eleição federal, estadual ou municipal nos Estados Unidos. Seria uma boa ideia consultar um advogado especializado em questões migratórias ou outra fonte conhecedora do assunto antes de fornecer quaisquer dados pessoais ao Department of Elections. Visite o site [sfelections.org](http://sfelections.org) para consultar uma lista de organizações sem fins lucrativos que se especializam em proteger os direitos dos imigrantes.



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DEPARTMENT OF ELECTIONS  
CITY AND COUNTY OF SAN FRANCISCO  
1 DR. CARLTON B. GOODLETT PLACE, ROOM 48  
SAN FRANCISCO, CA 94102-9581



**Can you use the Non-Citizen Voter Registration Form to register to vote in the School Board election on November 5, 2019?**

**ALL of the statements below must be true:**

- I am not a United States citizen
- I live in San Francisco
- I do not plan to move before November 5, 2019
- I am the parent, or legal guardian or caregiver\*, of a child under 19 who lives in San Francisco
- I will be at least 18 years old on November 5, 2019
- I am not in prison or on parole for a felony
- I have not been found mentally incompetent to vote by a court

\*A caregiver is someone who signs the affidavit to enroll a minor in school and consents to school-related medical care on behalf of the minor. This is determined by state law, in CA Family Code §6550-6552.

Registering to vote with the Non-Citizen Voter Registration Form does not permit you to vote in any other federal, state, or local elections.

If someone helped you fill out or deliver the Non-Citizen Voter Registration Form, the person who helped must provide the following information:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name, address, and telephone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization name and telephone (if any)

\_\_\_\_\_  
\_\_\_\_\_





Non-Citizen Voter Registration Form  
San Francisco School Board Election, November 5, 2019

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INSTRUCTIONS

- In **Section A**, review eligibility requirements and complete fields. Please print clearly and in English.
- In **Section B**, affirm under penalty of perjury that you are eligible to vote in the School Board election and that all information is true and correct. Sign and date.
- Return this form by October 21, 2019.** You can mail the form or bring it to the Department's office in City Hall, Room 48. To mail the form, fold it to connect the red triangles on the left, and then connect the blue dots. Use tape to seal.  
After October 21, you can register and vote at the City Hall Voting Center.

Once the form is processed, the Department will mail you a Notification Letter to confirm your registration. If you do not receive the letter within two weeks, call (415) 554-4375.

**A Eligibility Requirements:** I am not a United States citizen; I live in San Francisco; I do not plan to move before November 5, 2019; I will be at least 18 years old on November 5, 2019; I am the parent, legal guardian, or legally recognized caregiver of a child who currently lives in San Francisco and will be under the age of 19 on Election Day, November 5, 2019; I am not in state or federal prison or on parole for a felony; I have not been found mentally incompetent to vote by a court.

First Name

Middle Name

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

Birth Date: Month / Day / Year

M	M		D	D	Y	Y	Y	Y
---	---	--	---	---	---	---	---	---

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

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

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

City

State

Zip

If you want to get your ballot by mail, initial here \_\_\_\_\_. If initialed, you will get your ballot by mail approximately three weeks before the election.

Email (optional)

Phone number (optional)

Country of birth (optional)

**B**



I affirm, under penalty of perjury, that I have read, understand and meet all the eligibility requirements to register to vote in the School Board election on November 5, 2019. I further affirm that the information on this form is true and correct. I understand that I can vote ONLY in the School Board election on November 5, 2019.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Fold Here