

# State Agency Form

## Instructions

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

**Use this form to register to vote or to update an existing registration.**

Print all information clearly using black or blue pen.

Mail or deliver this completed form to the Washington State Elections Division. Address is on the next page.

### Deadline

This registration will be in effect for the next election if postmarked or delivered no later than the Monday four weeks before Election Day.

If you miss this deadline, contact your county elections department.

### Voting

You will receive your ballot in the mail. Contact your county elections department if you wish to vote in person.

### For more information

**web** [www.vote.wa.gov](http://www.vote.wa.gov)

**call** 1-800-448-4881

**visit** Washington State  
Elections Division  
520 Union Ave. SE  
Olympia, WA 98501

# Washington State Voter Registration Form

Register online at [www.myvote.wa.gov](http://www.myvote.wa.gov)

## 1 Personal information

last name first middle

date of birth (mm / dd / yyyy)

male  female

residential address (in Washington)

apt #

city

ZIP

mailing address (if different than residential address)

city

state / ZIP

phone number (optional)

email address (optional)

## 2 Qualifications

**If you mark no to either of these questions, do not complete this form**

yes  no I am a citizen of the United States of America.

yes  no I will be at least 18 years old by the next election.

## 3 Military / overseas status

I am in the Armed Forces (includes National Guard and Reserves; and military spouses or dependents away from home because of service).

I live outside the U.S.

## 4 Identification — Washington driver license / ID number

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**If you do not have a Washington driver license or ID, provide the last four digits of your Social Security number**

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## 5 Former registration

**If you are already registered and are changing your name or address, fill out this section (this information will be used to update your registration)**

former last name first middle

former residential address city state / ZIP

## 6 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, I will be at least 18 years old when I vote, I am not disqualified from voting due to a court order, and I am not under Department of Corrections supervision for a Washington felony conviction.

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Washington State Elections Division  
PO Box 40229  
Olympia, WA 98504-0229

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**Additional information**

**Notice**

If you knowingly provide false information on this voter registration form or knowingly make a false declaration about your qualifications for voter registration you will have committed a class C felony that is punishable by imprisonment for up to 5 years, a fine of up to \$10,000, or both.

**Public disclosure**

Your name, address, gender and date of birth are public information.

**About your rights**

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

Washington State Elections Division  
PO Box 40229  
Olympia, WA 98504-0229  
1-800-448-4881

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