

MC GEE

**USE THIS FORM ONLY FOR CANCELING REGISTRATION IN SAN DIEGO COUNTY**

**VOTER'S INFORMATION**

LAST NAME: MC GEE FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ Voter ID # 3423258  
(PRINT CLEARLY) (PRINT CLEARLY)

San Diego County Residence Address: \_\_\_\_\_ SAN DIEGO, CA. 92139

Current Address \_\_\_\_\_ SAN DIEGO, CA 92139

Date of Birth: \_\_\_\_\_ Place of Birth: PHILIPPINES

In case clarification is needed, please provide your phone number: \_\_\_\_\_

Please cancel this registration for the following reason: I AM NOT A US CITIZEN. I ACCIDENTALLY FILLED OUT THE FORM FROM DMV OFFICE WHEN APPLYING FOR DRIVER'S LICENSE RENEWAL.

Signature: \_\_\_\_\_ Date: 07/07/2016

Relationship to Voter: \_\_\_\_\_

I MC GEE certify under penalty of perjury that the information provided is true and correct.  
(FULL NAME)

I hereby authorize the San Diego County Registrar of Voters to cancel the above voter registration record.

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

Please PRINT, SIGN and RETURN the completed form:

Please return completed form:

Via Mail:  
Registrar of Voters  
P.O. Box 85656  
San Diego, CA 92186-9504

Via Fax:  
(858) 694-2955

Via E-mail:  
rovmail@sdcounty.ca.gov

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PAGE 01/01

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619-938-7602

07/07/2016 09:39



# CALIFORNIA VOTER REGISTRATION FORM

Fill out this form if you are a new voter, have moved or changed your name, or want to change your political party choice. You must be a U.S. citizen and at least 18 years old by the next election to use this form. Use blue or black ink. Print clearly.

Your legal name: First name \_\_\_\_\_ Middle name \_\_\_\_\_

①

Last name

② **MC GEE E**

Home address - not a P.O. Box or business address - (Number, Street, Ave., Drive, etc. Include N, S, E, W)

Optional

③  Mr.  Mrs.  Ms.  Miss

Apt or unit # \_\_\_\_\_

④

City

⑤ **SAN DIEGO**

State

**CA 92139**

Zip

California county \_\_\_\_\_

If you do not have a street address, describe where you live (Cross streets, Route, N, S, E, W)

⑥

Mailing address - if different from above, or P.O. Box

2011 JANUARY 28 REC'D SD CO. ROV OFFICE

⑦

City

State

Zip

Foreign country \_\_\_\_\_

⑧

✓ Date of birth

✓ U.S. state or foreign country of birth

⑨

CA driver's license or CA ID card # \_\_\_\_\_

If you do not have a CA driver's license or ID card, list the last 4 numbers of your Social Security Number, if you have one. \* \* \* \* \*

SSN (Last 4 numbers) \_\_\_\_\_

⑩

Email (optional) \_\_\_\_\_

Phone number (optional) \_\_\_\_\_

⑪

⑫ Do you want to register with a political party?

Yes, I want to register with a political party (check one):

American Independent Party  Green Party  Peace and Freedom Party  Republican Party  
 Democratic Party  Libertarian Party  Other party (specify): \_\_\_\_\_

No, I don't want to register with a political party.  
(If you check this box, you may not be able to vote for some parties' candidates in primary elections.)

⑬

To receive a vote-by-mail ballot in all elections, initial here: \_\_\_\_\_

⑭

If you were registered to vote before, fill out below:

First name \_\_\_\_\_

Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Previous address where you were registered \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Previous county \_\_\_\_\_

Political party (if any) \_\_\_\_\_

⑮

Are you a U.S. citizen?  Yes  No

Will you be 18 or older by the next election?  Yes  No

A "No" answer to either question means you CANNOT register to vote.

⑯

Read and sign below.

I am a U.S. citizen and will be at least 18 years old on election day. I am not in prison or on parole for a felony. I understand that it is a crime to intentionally provide incorrect information on this form. I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Optional

A.  Check here if you can be a poll worker.  
(If bilingual, indicate language: \_\_\_\_\_)

Check here if you can provide a polling place on election day.

B. Your ethnicity/race: \_\_\_\_\_

C. Check your language preference:  English  Spanish  Chinese  Vietnamese  Korean  Tagalog  Japanese  
中文 Việt ngữ 한 국어 Tagalog 日本語

Signature: \_\_\_\_\_  
Month: 01 Day: 28 Year: 11

Did someone help you fill out or deliver this form?

If yes, the person who helped you must fill out and sign below.

Signature: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_

Org. name, address, and tel. (if any): \_\_\_\_\_

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**Important!** To vote in the next election, you must mail or deliver this card at least 15 days before the next election. New voters who register by mail may have to show their ID at the polling place the first time they vote.