



Voter Registration Update Form

FOR OFFICE USE ONLY

Use this form to update your voter record, cancel your registration, or report a cancellation for another voter. To change your name or political party preference, you must re-register. Visit sfelections.gov or contact us. Return this completed form at least 15 days before Election Day.

1. Voter Information (Required)

Provide the information of the person whose voter record needs to be updated.

Last Name: First Name: Middle Name:

Date of Birth (MM/DD/YYYY): Registered Address:

2. Address and Contact Information Update

Check all that apply and provide details.

Residential Address (If you do not have a street address, describe where you live including cross streets.)

Update to:

Mailing Address (If different from your residential address, P.O. Box, or mail drop.)

Add or update to:

Remove my mailing address (Election mail will be sent to your residential address.)

Remove my phone number Add or update my phone number to:

Remove my email address Add or update my email address to:

3. Language Preference and Election Materials Delivery Method Update

Preferred Language for Election Materials:

Chinese Filipino Spanish Vietnamese Other (please specify):

Preferred Accessible Format for Voter Information Pamphlet (VIP):

Large Print Booklet USB Drive (Audio MP3 - English only) Audio CD (English only)

Preferred Delivery Method for VIP:

Email my digital VIP to:

Mail me a postcard with a link to my digital VIP. Mail me a printed (paper) VIP.

4. Ballot Delivery Preference Update (Military and Overseas Voters Only)

Preferred Ballot Delivery Method: Mail Fax (provide number):

Email (provide email address):

5. Voter Registration Cancellation Request

Cancel my voter registration.

The voter listed in Section 1 is deceased.

Name of person reporting death: Contact (phone or email):

The voter listed in Section 1 no longer lives in San Francisco.

Name of person reporting move: Contact (phone or email):

6. Certification and Signature (Required)

I certify under penalty of perjury under the laws of the State of California that the information provided on this form is true and correct.

Sign Here



Date:

If you are unable to sign, make a witnessed mark or use your registered signature stamp. Power of Attorney is not acceptable.

Return by Mail or In Person: Department of Elections, 1 Dr. Carlton B. Goodlett Place, Room 48, San Francisco, CA 94102

Return by Email: sfvote@sfgov.org | Return by Fax: (415) 558-6109

Questions? Call (415) 558-6100 or email sfvote@sfgov.org.



FOR OFFICE USE ONLY

更新選民登記資料申請表

本表格可用於更新您的選民登記資料、取消您的選民登記，或為其他選民申報取消登記。
如需更改您的姓名或政黨偏好，須重新辦理選民登記。詳情請瀏覽 sfelections.gov 或與本處聯絡。
為確保選務處能及時處理您的申請，請於選舉日前至少 15 天提交填妥的表格。

1. 選民資料 (必須填寫)

請提供需要更新選民登記資料者的姓名、出生日期及登記地址。

姓：_____ 名：_____ 中間名：_____

出生日期 (月/日/年)：____/____/____ 登記地址：_____

2. 地址及聯絡資料更新

請勾選所有適用項目，並提供相關資料。

居住地址 (如無街道地址，請描述您的居住地點，包括交叉街道或地標。)

更新為：_____

郵寄地址 (如與您的居住地址不同，使用郵政信箱或郵件投遞地址。)

加入或更新為：_____

刪除我的郵寄地址 (選舉郵件將寄到您的居住地址。)

刪除我的電話號碼 加入或更新我的電話號碼為：_____

刪除我的電郵地址 加入或更新我的電郵地址為：_____

3. 首選語言及選舉材料寄送方式更新

選舉材料首選語言：

中文 菲律賓文 西班牙文 越南文 其他 (請註明)：_____

無障礙《選民資料手冊》首選格式：

大字體印刷本 USB 記憶棒 (語音 MP3 — 僅限英文) 語音 CD 光碟 (僅限英文)

《選民資料手冊》首選寄送方式：

以電子郵件方式寄送電子版《選民資料手冊》至：_____

以明信片方式郵寄電子版《選民資料手冊》的網上連結 郵寄印刷 (紙本) 《選民資料手冊》

4. 選票寄送方式更新 (僅適用於軍人及海外選民)

選票寄送方式： 郵寄 傳真 (請提供傳真號碼)：_____

電郵 (請提供電郵地址)：_____

5. 選民登記取消申請

取消我的選民登記

本表格第 1 部分所列的選民已逝世

通報者姓名：_____ 聯絡方法 (電話或電郵)：_____

本表格第 1 部分所列的選民已不再居住於三藩市

通報者姓名：_____ 聯絡方法 (電話或電郵)：_____

6. 聲明及簽名 (必須填寫)

本人依據加州法律偽證罪罰則謹此聲明，本人在此表格中所填報的資料均屬真實且正確。

在此簽署  _____ 日期：_____

若您無法簽名，請於此處作記號，並由見證人在記號旁簽名，或使用已登記的簽名印章代替。本表格不接受授權他人代簽。

郵寄或親身遞交：Department of Elections, 1 Dr. Carlton B. Goodlett Place, Room 48, San Francisco, CA 94102

電郵遞交：sfvote@sfgov.org | 傳真遞交：(415) 558-6109

有疑問嗎？請致電 (415) 558-6102 或電郵 sfvote@sfgov.org