

**APPLICATION TO PICK UP A VOTE-BY-MAIL BALLOT  
BY A SPOUSE, CHILD, PARENT, GRANDPARENT, GRANDCHILD, SIBLING OR  
PERSON RESIDING IN THE SAME HOUSEHOLD AS VOTER  
(MUST BE 16 YEARS OF AGE OR OLDER)  
(Elections Code Section 3009(b).)**

**USE THIS FORM OCTOBER 5 THROUGH OCTOBER 27 ONLY**

**\*A signed vote-by-mail application from the voter is required\***

I, \_\_\_\_\_ affirm that I have been authorized by  
Print Your Name

\_\_\_\_\_  
Print Name of Person Needing Ballot

to pick up his/her Vote-by-Mail ballot and I am 16 years of age or older.

My relationship to the person needing the Vote-by-Mail ballot is (Check one):

- Spouse
- Child
- Parent
- Grandparent
- Grandchild
- Sibling
- Person residing in the same household as voter

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature \_\_\_\_\_

Date \_\_\_\_\_