



# Authorization Form for Mail Ballot Pick-Up

All fields marked with \* are required and must be filled.

Registered Name: \*

First Name

Middle Name

Last Name

Date of Birth: \*

Month

Day

Year

Residence Address (do not use a PO Box number): \*

Street Address

City

State

Zip Code

Daytime Phone Number: \*

Please enter a valid phone number (000) 000-0000.

Authorization: \*

I declare under penalty of perjury that this information is true and correct. I authorize the bearer of this request to pick up my ballot and deliver it to me.

Signature of Applicant: \*

Date Signed:

  

Month      Day      Year

This application cannot be used by groups, organizations, or individuals distributing Vote by Mail applications. There is a special format required by law (Election Code §3007) that is available at your local Registrar of Voters.

This application is provided pursuant to California Election Code §3009 and §3021.

County of Marin [Registrar of Voters](#)/Elections Department  
3501 Civic Center Drive, Suite 121, San Rafael, CA 94903  
[MarinVotes.org](#)  
(415) 473-6456