



MARK A. LUNN
Clerk-Recorder, Registrar of Voters
Elections Division

FOR OFFICE USE ONLY	
Date Received:	_____
Voter ID:	_____
Completed By:	_____

INSTRUCTIONS TO THE VOTER:

1. You **must** be a registered voter in Ventura County to use this form.
2. You **cannot** use this form if you are requesting a name or party change. You must re-register at registertovote.ca.gov.
3. Please sign and date this document prior to submitting your changes to the Elections Division.

VOTER INFORMATION – All information must be provided to complete your request.						
Name: _____			Birth Date: _____			
First	Middle	Last	Month	Day	Year	
Address as Registered: _____						
House Number		Street		City		Zip

Correct or Update Voter Registration:

- My name is misspelled. The correct spelling is: _____
- I moved to a new residence address within Ventura County (street address and city):

- My residence is the same, but my mail goes to a different address. My mailing address is (mailing address and city):

Cancel Voter Registration:

- Please cancel my registration.

Deceased (Death Certificate is required to Cancel Voter Registration):

- Voter named in the **VOTER INFORMATION** box is deceased. Death Certificate is attached.
Name of Person reporting death: _____ Phone: _____
Relationship to Voter: _____
Signature of Person reporting death: _____

Permanent Vote By Mail:

- I want to be a Permanent Vote By Mail Voter.
- I do not want to be a Permanent Vote By Mail Voter.

County Voter Information Guide (Opt Out/Opt In):

- I want to use the on-line Voter Information Guide. I no longer want to receive it by mail.
Email: _____
- I want my Voter Information Guide mailed to me. I previously opted out of receiving it by mail.

Signature: _____ **Date:** _____

(You must sign for changes to take affect)

Please submit form to the Ventura County Elections Division
by Fax, Mail, or Scan and Email form to
VenturaVoterRegistration@ventura.org