



Donna M. Eldridge
JEFFERSON COUNTY AUDITOR
PO Box 563, Port Townsend WA 98368
E-MAIL: deldridge@co.jefferson.wa.us

**Complete this form and include it in the Mailing Envelope of your ballot package.
DO NOT place it in the “Secrecy” Envelope.**

VOTER AFFIDAVIT (Required for your ballot to be counted)

I do solemnly swear or affirm under penalty of perjury that:

I am a citizen of the United States;

I am a legal resident of the State of Washington;

I will be at least 18 years old on or before election day;

I am not presently denied my voting rights as a result of being convicted of a felony;

I have not been judicially declared mentally incompetent;

I have not already voted in this election; and

I understand it is illegal to cast a ballot or sign a ballot envelope on behalf of another voter.

Attempting to vote when not qualified, attempting to vote more than once, or falsely signing this oath is a felony punishable by a maximum imprisonment of five years, a maximum fine of \$10,000, or both.

Sign & date here

X _____ / _____
Signature of Voter **Today's Date**

Voter's Printed Name: _____

Date of Election (printed on the top of your ballot): _____

Daytime Phone Number (Optional): _____

If a voter is unable to sign his/her signature above due to a disability, the voter shall make a mark or attempted signature on the line provided for the voter's signature. If this mark or attempted signature is witnessed below by two persons, the ballot will be accepted.

First Witness **Signature X** _____

Second Witness **Signature X** _____