

# Signature Update Form

Select one of the options below to submit your information.

**Option 1: by mail.** Return this completed form to:

Clark County Elections  
PO BOX 8815  
Vancouver, WA 98666

**Option 2: by email or fax.** Send a scanned copy of this completed form to: elections@clark.wa.gov or to (564) 397-2394.

**Option 3: in person.** Clark County Elections, 1408 Franklin Street Vancouver, WA 98660. Monday-Friday 8:00am to 4:00pm.

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**Instructions:** Provide your information below. Please print legibly. Then, sign on the lines provided.

## Name and Date of Birth:

Please provide your **name and date of birth** on the line below.

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First	Middle	Last	DOB
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## Contact Information: (Optional)

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

## Declaration:

I declare that the facts on this voter registration form are true. I am a citizen of the United States, I am a Washington state resident, and I am at least sixteen years old. I am not disqualified from voting due to a court order, and I am not currently serving a sentence of total confinement under the jurisdiction of the department of corrections for a Washington felony conviction, and I am not currently incarcerated for a federal or out-of-state felony conviction.

**Sign: you may provide several versions of your signature (i.e. formal vs. rushed/quick)**

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_