



AFFIDAVIT OF BALLOT SIGNATURE

The affidavit of ballot signature form is for use by those who received notification from the Washington County Elections Division to cure their ballot. Your ballot will not be counted if the signature on the affidavit does not match the signature on file (UCA 20A-3a-202). This affidavit must be signed by the registered voter listed below and returned three (3) days prior to the election canvass.

Your affidavit can be submitted to the Election Office via:

Email:

elections@washco.utah.gov

Mail or hand deliver:

Washington County Clerk-Auditor

C/O Election Office

111 East Tabernacle Street

St. George, UT 84770

or

Name: _____ Date of Birth: _____

Voter ID: _____ (found on your ballot envelope or cure letter if a letter has been received)

Physical Address: _____

City: _____ State: _____ Zip: _____

Utah Driver License or Utah State ID # _____ OR Last 4 digits of SS# # _____

Email (optional): _____ Phone (optional): _____

By signing this affidavit, I solemnly swear that: I voted the ballot in question and I authorize the lieutenant governor's and county clerk's use of my signature below for voter identification purposes.

Signature: _____ Date: _____

Are you a voter with a qualifying disability under the Americans with Disabilities Act that impacts your ability to sign your name consistently who can provide appropriate documentation upon request? YES NO
To discuss accommodations, I can be contacted at _____.

If you have any questions, we can be reached by phone at (435) 301.7248, or through email at elections@washco.utah.gov.

Staff Use Only

DOB DL or SSN Staff Member: _____ Date: _____