



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. This affidavit must be signed by the registered voter listed below and returned by noon on the last business day before the canvass.

Name: _____ Date of Birth: _____

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 _____.

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

Washington County is a governmental entity that is subject to the Government Records Access Management Act (GRAMA). Information you provide on an application or form may be subject to GRAMA and available to the public if required by law. If information on the document is classified as private, protected, or controlled, it may be redacted. For more information regarding Washington County's privacy policy, scan the QR code.



Staff Use Only

☐ DOB ☐ DL or SSN ☐ Phone ☐ Email ☐ Text ☐ Mail Staff Initials: _____ Date: _____