



Registrar of Voters

Replacement Mail Ballot Application

Only the registered voter themselves may request a replacement ballot. A request for a replacement ballot that is made by any person other than the registered voter is a criminal offense.

1. Fill Out Your Personal Information

Name: _____ Date of Birth: _____
Last Name First Name

Residence Address: _____

Mailing Address: _____

Email Address: _____

2. Tell Us Where to Mail Your Replacement Ballot

☐ I want a Replacement Mail Ballot to be mailed to my residential address.

☐ I want a Replacement Mail Ballot to be mailed to my mailing address.

3. Sign and Date Your Application

Signature: _____ Date: _____

4. Return Your Application by Tuesday, October 28, 2025

By Mail or In Person: San Bernardino County Registrar of Voters
777 E. Rialto Avenue, San Bernardino, CA 92415

By Fax: (909) 386-8388

By Email: Scan or take a picture of your application and email it to
MailBallots@rov.sbcounty.gov