Signature Cure Affidavit

Complete, sign, and return this affidavit to the Eureka County, Elections Division

STEP 1 **YOUR NAME:** _____ _____
First Name Last Name

STEP 2 **DID YOU RETURN A BALLOT?** ☐ **Yes** ☐ **No** ***If "No", do not complete any steps beyond Step 3.***

If "Yes" is selected above: I state under penalty of perjury that I am an eligible elector; that my signature and name are as shown on this affidavit; and that I have only cast one ballot in this election in accordance with the provisions of NRS 293.780.

If "No" is selected above: I affirm that the information I have provided on this affidavit is true and correct to the best of my knowledge.

STEP 3 **SIGN:** X_____ ____/____/____
Your Signature or Mark Today's Date (mm/dd/yyyy)

STEP 4 **FOR OPTION 2 ONLY**
MAKE A COPY OF AN ACCEPTABLE FORM OF ID

- A valid Nevada driver's license
- A valid ID card issued by the Nevada DMV
- A valid U.S. passport or passport card
- A valid ID card with a photograph of the eligible elector issued by any branch, department, agency, or entity of the U.S. government or Nevada, or by any county, municipality, board, authority, or other political subdivision of Nevada
- A valid pilot's license issued by the Federal Aviation Administration or other authorized agency of the U.S.
- A valid U.S. military ID card with a photograph of the eligible elector
- A valid veteran ID card issued by the U.S. Department of Veterans Affairs Veterans Health Administration with a photograph of the eligible elector
- A valid Medicare or Medicaid card issued by the U.S. Health Care Financing Administration
- A certified copy of a birth certificate for the elector issued in the U.S.
- Certified documentation of naturalization
- A valid student ID card with a photograph of the eligible elector issued by an institution of higher education in Nevada
- A valid ID card issued by a federally recognized tribal government certifying tribal membership

STEP 5 **FOR OPTION 3 ONLY**
ANSWER ALL OF THE FOLLOWING QUESTIONS – You may provide answers to these verifying questions verbally by calling your County Elections Division.

- Last 4 Digits of the Social Security Number _____
- Place of Birth _____
- Date of Birth _____

I affirm that the answers I have provided above are true and correct to the best of my knowledge:

_____
(Sign or Initial Above)

STEP 6 **RETURN THIS AFFIDAVIT AND A COPY OF YOUR ID, IF APPLICABLE.**

Return this affidavit and a copy of your ID, if applicable, to the Eureka County Elections Division before 5:00 pm on November **12, 2024.**

- **Use a mobile device:** Go to: www.NVSOS.gov/sos/Cure. Select your county. Follow the steps provided. When prompted, use the camera on your mobile device to take and submit a photo of your identification, etc.
- **Email: elections@eurekacountynv.gov**
- **Fax: 775-237-5614**
- **Mail or delivery:** PO Box 540 Eureka, NV 89316

November **2024 | For County Office Use Only:** Date of Receipt: ____/____/____

Name: _____ Voter ID: _____

☐ **ID has been verified: DL Passport Other:** _____
(Circle One)