

Commonwealth of Virginia

Absentee Ballot Application Form

INSTRUCTIONS Application for Absentee Ballot

Complete all required information in Parts A-D, and Parts E/F, if applicable. Otherwise, your application cannot be processed.

TOP OF FORM

Complete the information at the top. You **must**...

- Be a registered voter in the locality where you are applying.
- Identify the election for which you are applying.

PART A

Check only one reason for applying to vote absentee.

Enter the required information to support the reason.

(This information **is required** by state law.) **Note:** "First time voters in Virginia" who registered to vote by mail **may vote by mail only if** the reason code in Part A is 1A, 2A, 6A, 6B, 6C, 6D or 7A.

PART B

Print the address where your absentee ballot is to be sent, if voting by mail. The ballot can only be sent to:

- The address where the voter will be while out of their county/city; or
- The address where the voter is temporarily confined due to an illness or disability; or
- The address where the voter is confined awaiting trial or having been convicted of a misdemeanor.
- A military or overseas voter (reasons 6A, 6B, 6C or 6D) located outside the continental U.S. (48 contiguous states and DC) may ask to receive their ballot by e-mail or fax.
- The ballot cannot be sent "in care of" any other person.

PART C

- Indicate if assistance **from another person** will be needed to vote the ballot due to the voter's disability, blindness or inability to read or write. If Yes is checked, an **Assistance Form** will be sent with the absentee ballot. The form, to be returned with the ballot, provides a legal safeguard for the voter and the assistant.

PART D

- **Absentee Voter:** Read the Statement in **Part D**. Then print your full name, **current legal** residence address, your social security number (last 4 digits required) and a daytime telephone number. **Sign your name.** Note: No witness is required to be present when you sign. A signature under a *power of attorney* cannot be accepted. (**Also see Part E.**)

PART E

- **Assistant: if the absentee voter is unable to sign his/her name due to a disability, blindness or inability to read or write,** the assistant must write on the voter's signature line: "Applicant Unable to Sign." **Assistant must complete and sign Part E.**

Assistant should also ensure that the rest of the application is complete.

PART F

- To remain a qualified voter, state law requires you to notify the General Registrar of a change in your name or address. Complete Part F and sign your name. (The change will not be effective during the 28 days before a general or primary election.)

ATTENTION VOTERS

Apply early! You can apply to vote absentee as early as one year before the election. You can apply in person at your city or county voter registration office or by sending a completed application by mail, fax, or a scanned copy. Ballots are available about 45 days before November elections and about 30 days before other elections.

If applying and voting by mail, allow enough time for your application to be processed and your ballot mailed to you. **The deadline for applying to vote absentee by mail is 5:00 PM the Tuesday before the election. Your voted ballot must be received by the Electoral Board before polls close on election day.**

The deadline for applying and casting your ballot in-person at your local voter registration office is the Saturday before the election.

Visit the State Board of Elections website, <http://www.sbe.virginia.gov> for:

- Contact information for your local voter registration office
- Information about absentee voting
- The status of your absentee application (under Voter Information, Registration Status).

Toll Free 800 · 552 · 9745 (TTY 800 · 260 · 3466).

ATTENTION MILITARY AND OVERSEAS VOTERS

You are encouraged to use the Federal Post Card Application (FPCA) which also serves as a voter registration application. To obtain the FPCA form and information, visit <http://www.fvap.gov>. Submitting this Virginia Absentee Ballot Application form will be interpreted as a request by you to discontinue any pending FPCA. You can submit a new FPCA if you are eligible.

Privacy Act Notice: Privacy Act Notice: This form collects personal information, including your social security number, for identification and to prevent fraud. Your application will be denied if you fail to provide the last four digits of your social security number or any other information required to determine your qualification to vote absentee. Federal law (the Privacy Act) and state law (Va. Code § 24.2-701 and the Government Data Collection and Dissemination Practices Act) authorize collecting this information and restrict its use to official purposes only.

WARNING: INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IN PRISON, OR UP TO 12 MONTHS IN JAIL AND/OR FINED UP TO \$2,500. YOU ALSO LOSE YOUR RIGHT TO VOTE.

FOR OFFICE USE ONLY

Precinct: _____ District: _____ Application number: _____ Reviewed by: _____
Received: In person By mail By fax Other Application accepted: YES NO Reason not accepted: _____
Date received: / / Ballot to be: Mailed E-mailed Voted in person (*On machine*: YES NO)

Commonwealth of Virginia

Absentee Ballot Application

Submit a separate form for each person and for each election. Must Complete Parts A through D (and E/F if applicable).

I am registered to vote in the County/City of: _____

I am applying to vote in: General Election or Special Election Democratic Primary Republican Primary

To be held on: / / Printed Last Name: _____

PART A Under Virginia law a registered voter may qualify to vote absentee by completing one of the following statements.

Note: First time voters who registered by mail may be ineligible to apply to vote absentee by mail. See Instructions.

→ **I will be absent on Election Day from the county/city in which I am registered to vote because of the following:**

- 1A** Student attending (name/address of school): _____
- 1B** Spouse of student attending (name/address of school): _____
- 1C** Business (name of employer or business): _____
- 1D** Personal business or vacation (place of travel—VA city/county or State or Country): _____
- 6A** Active duty Merchant Marine or Armed Forces (Branch/Rank or Rate, Service ID): _____
- 6B** Spouse or dependent living with a member of 6A (Branch/ Rank or Rate, Service ID): _____
- 6C** Temporarily residing outside US, cohabitant spouse or dependent (if your Virginia residence is **no longer available to you**, provide your last date of residence in Virginia): _____
- 6D** Temporarily residing outside US for employment, cohabitant spouse or dependent (if your Virginia residence is **no longer available to you**, provide your last date of residence in Virginia): _____

→ **I will be unable to go to the polls in person on Election Day for the following reason:**

- 2A** My disability or illness (nature of disability or illness): _____
- 2B** I am primarily and personally responsible for the care of a disabled/ill family member confined at home.
Their Name: _____ Nature of their Disability/illness: _____
- 2C** My pregnancy.
- 5A** I have a religious obligation (religion and nature of obligation): _____

→ **I am:**

- 1E** Working and commuting to/from home for 11 or more hours between 6:00 AM and 7:00 PM on Election Day.
Working/Commuting: : AM – : PM.
Name of business or employer and workplace address: _____
- 3A** Confined, awaiting trial (place/address of confinement): _____
- 3B** Confined, convicted of a misdemeanor (place/address of confinement): _____
- 4A** An electoral board member, registrar, officer of election, or custodian of voting equipment.
- 7A** Requesting a ballot for **presidential and vice-presidential electors only**. (Ballots for other offices/issues will not be sent.)

PART B I am voting by mail

- Send the ballot to me at the address in Part D where I am currently registered.
- Send the ballot to me at my new Virginia residence address provided in Part F.
- Send the ballot to me at the address listed below. (See the instructions page for addresses allowed.)

Street Address (or e-mail/fax for overseas/military voters outside of continental U.S.) _____ City _____ State _____ Zip Code _____

PART C Assistance

- I will need assistance in marking my ballot due to a disability, blindness, or inability to read or write. (Required *Request for Assistance* form and assistant's instructions will be sent with ballot.)

PART D Absentee Voter's Statement

I declare under felony penalty that, to the best of my knowledge, the facts contained in this application are true and correct, and that I have not, and will not vote in this election at any other place in Virginia or in any other state. Knowingly giving any untrue information in this document is a felony under Virginia law. The maximum penalty is a fine of \$2500 and/or confinement for up to ten years. You also lose your right to vote.

If voter is applying in person, do not sign form until in the presence of a Registrar or Electoral Board Member.

→ _____ M M / D D / Y Y Y Y

Signature of Registered Voter (required) _____ **Printed Full Name of Absentee Voter (required)** _____ **Date** _____

-- -- _____
 Social Security Number Year of Birth Daytime Telephone Number E-mail Address or Fax Number:
 (last 4 digits required)

Legal Virginia Residence (Street Address) (required) _____ City _____ State _____ Zip Code _____

- Check here if submitting a change of Name or Address in Part F.

PART E Assistant's Statement (Required only if voter cannot sign or write for reasons stated in PART C)

I declare, under felony penalty of law, that...

- I have written on applicant's signature line: "*Applicant Unable to Sign.*"
- I have signed and provided requested information below.

Signature of Assistant _____ **Printed Full Name of Assistant** _____

Address of Assistant _____ City _____ Zip Code _____

PART F Change of Name or Address

Full Name _____ If Name changed, former Full Name _____ M M / D D / Y Y Y Y
 _____ Date moved from old Address _____

New Virginia Residence Address _____ Apt., Suite or Lot No. _____ City _____ State _____ Zip Code _____

New Mailing Address (if different from New Virginia Residence Address) _____

Old Virginia Residence Address _____
--
 _____ Social Security Number (optional)

Signature (required)