Virginia Permanent Absentee Voter Single Election Change Form

Who should use this form?		To use this form, you must already have selected the "Permanent Absentee Option" on the "Virginia Absentee Ballot Application Form." You may use this form to change where your ballot is sent for one election, change the political party primary ballot you receive for one election, or change the political party primary ballot you receive for all primary elections. Fill out only the sections that apply to the change(s) you want to make.
Print your		Last Name: First Name:
personal	1	Middle Name: Suffix:
information		Birth Year (optional):
Address		Address: Apt/Suite #:
where you live	2	City: VA Zip Code: # # # # #
0		If rural address or homeless, describe residence.
I want to		Your ballot will be mailed to the address on your voter registration record unless you indicate in this
change the		section that you want it sent to a different address.
address where my		I want my ballot to be sent to the address in Section 3b for the following election:
ballot is	3 a	☐ Primary Election ☐ General Election ☐ Primary and General Election ☐ Special Election
sent.	Ja	Provide the date of the election for which you would like your ballot sent to a different address. If you selected
		"Primary and General Election" above, only enter the date of the Primary.
		Data of Florians
Dallat		Date of Election:MM /DD /YYYY Provide the address where you would like your ballot(s) mailed for the election(s) indicated in Section 3a.
Ballot mailing	26	Provide the address where you would like your ballot(s) mailed for the election(s) indicated in Section 3a.
address	3b	Address: Apt/Suite #:
		City: State: Zip Code: # # # # # # Country:
I would like		Which party primary ballot would you like to receive?
to change the ballot I		☐ Democratic Party ☐ Republican Party ☐ I do not wish to receive ballots for Primary Elections.
receive for a	4	Is this change for the next Primary Election only or for all Primary Elections?
Primary		□ Next Primary Only □ All Primaries
Election		
Contact		Talanhana
info.	5	Telephone: # # # * # # # * # # # # #
(Optional)		Email/Fax:
Voter's		
Statement +		I swear/affirm, subject to felony penalties for making false statements pursuant to VA Code § <u>24.2-1016</u> , that (1) the information provided in this form is true, (2) I am not requesting a ballot or voting in any other jurisdictions in the US, and (3) I am registered to
Signature		vote in the city/county where I am applying to vote.
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		Voter, sign here (or mark if unable): X Date: MM / DD / YY
Privacy Act Notice: This form requires personal information. The last four Warning: Intentionally voting more than once in an election or making a		
		al Security Number are required. Your application materially false statement on this form constitutes the crime of election fraud. Intentionally voting more than once in an election is punishable under Virginia
Security Number or if you fail to provide any other information required law as a Class 6 felony and is punishable by a term of imprisonment of up to		
to determine your qualification to vote by mail. Federal law (the Privacy Act of 1974; the Help America Vote Act of 2002) and state law (Virginia		
Constitution, article II, § 2; § 24.2-701, Code of Virginia; the Government punishable under Virginia law as a Class 5 felony and is punishable by a term		
		of imprisonment of up to ten years, confinement in jail for not more than 12
Office use only		months, and/or a fine of not more than \$2,500.
Precinct:		District/Senate/House: Application # App accepted:
Date received:		Received by: Reason not accepted
Method received:		Email
Ballot sent by:		Email 🔲 Fax 🔲 Mail