



Upon completion of the form, return this page only to the address on page 2 for the city/county where you are applying.

# Virginia Absentee Ballot Application Form



Unless otherwise indicated, all items on this form are required. Please print clearly. Instructions on page 4.

## Your Name & SSN

**1** Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last 4 digits required) | N | N | N | - | N | N | - | N | N | N | N |

## Election

**2** I am applying to vote in:  General or Special Election  Democratic Primary  Republican Primary  
 Date of Election | M | M | / | D | D | / | Y | Y | I am registered to vote in the  
 County  City of

## Reason for Absentee Ballot

**3** Instructions on reason codes are on page 4 Your application will be denied if a qualifying reason and required information are not provided.  
 Reason Code | N | N | Supporting Info (if required)

## More Info (Optional)

**4** Birth Year | Y | Y | Y | Y | Telephone | N | N | N | - | N | N | N | - | N | N | N | N |  
 Email/Fax \_\_\_\_\_

## Residence Address (If rural address/homeless describe residence)

**5** Address \_\_\_\_\_ APT/Suite # \_\_\_\_\_  
 City \_\_\_\_\_ State VA Zip Code | N | N | N | N | N |

## Delivery of Ballot (See instructions)

**6** I would like my ballot delivered to:  Residence Address (Provided in Part #5)  Mailing Address (Provide below)  
 Email (6A-6D Only) (Provide in Part #4)  Fax (6A-6D only) (Provide in Part #4)  
 Address \_\_\_\_\_ APT/Suite # \_\_\_\_\_  
 City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code | N | N | N | N | N | - | N | N | N | N |

## Change of Name/Address (If changing registration name/address)

**7** Former Full Name \_\_\_\_\_ Date Moved | M | M | / | D | D | / | Y | Y |  
 Former Address \_\_\_\_\_

## Assistance To Vote

**8**  I will need assistance in completing my ballot due to a disability, blindness, or inability to read or write. If checked, assistance form will be provided with ballot.

## Assistant's Statement/Info (If applicant is unable to sign due to disability)

**9** I swear/affirm, under felony penalty for making willfully false material statements, that the information I have provided on this form is true and I have written on the Applicant's signature line in part #10 "Applicant Unable to Sign."  
**Provide Information of Assistant**  
 Full Name \_\_\_\_\_  
 Address \_\_\_\_\_ APT/Suite # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code | N | N | N | N | N |  
 Signature \_\_\_\_\_

## Applicant Signature

**10** I swear/affirm, under felony penalty for making willfully false material statements, that (1) the information I have provided on this form is true, and (2) I am not requesting a ballot or voting in any other jurisdiction in the U.S., except the jurisdiction to which this application relates.  
 Signature (or mark if unable to sign) \_\_\_\_\_ Today's Date | M | M | / | D | D | / | Y | Y |

### Office Use Only

Precinct \_\_\_\_\_ District/Senate/House \_\_\_\_\_ Application # \_\_\_\_\_ Application Accepted  Yes  No  
 Date Received | M | M | / | D | D | / | Y | Y | Received By \_\_\_\_\_  
 Method Received  In Person  By Mail  By Fax  Email  Other \_\_\_\_\_  
 Ballot Sent By  Mail  Email  Fax  In Person On Machine  Yes  No  
 Reason Not Accepted \_\_\_\_\_



To vote absentee you must be a registered voter of the city/county where you are applying

# Instructions

## To Vote Absentee

Select only one Code from the list of reason codes below. Write in the selected code on the form in part #3 and include any supporting information required. A separate form is required for each voter and for each election.

## First-Time Voters

Voters who registered by mail, and who have not previously voted in their locality, may vote absentee by mail only if the reason code is 1A, 2A, 2C, 6A, 6B, 6C, 6D, or 7A, or the voter is 65 or older and qualifies under another reason.

## Absent 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 and information, visit [www.fvap.gov](http://www.fvap.gov). Submitting this Virginia Absentee Ballot Application form will be interpreted as a request by you to discontinue any pending FPCA.

## Apply Early

You can apply to vote absentee as early as one year before the election. Ballots are available 45 days before most elections. **If you register to vote in person, you must wait five days before you can vote in person or have your ballot mailed to you.**

The deadline for receipt of your application to vote absentee **by mail** is 5:00 PM the Tuesday before the election. Please mail this application to your general registrar listed on page 2. Please do not return this application to the State Board of Elections. You may also submit your application by fax or scanned email attachment.

The deadline to apply and vote absentee **in-person** is the Saturday before the election. Contact your general registrar for office or satellite office address and voting locations.

## Delivery of Ballot

Your ballot can only be mailed to one of the following:

- (1) Voter's residence address
- (2) Voter's location while outside voter's residence county/city; or
- (3) Place of temporary confinement for illness, disability, misdemeanor conviction or awaiting trial

**No ballot may be sent in care of any other person.**

Code	Reason	Supporting Information Required
1A	Student attending college or university outside of locality of residence in Virginia	Name of college or university
1B	Spouse of student attending college or university outside locality of residence in Virginia	Name of college or university
1C	Business outside County/City of residence on election day	Name of employer or business
1D	Personal business or vacation outside County/City of residence on election day	Place of travel (VA county/city or state or country)
1E	I am working and commuting to/from home for 11 or more hours between 6:00 AM and 7:00 PM on election day	Name of employer or business <b>and</b> election day hours of working and commuting (AM to PM)
1F	I am a first responder (member of law enforcement, fire fighter, emergency technician, search and rescue)	Not required
2A	My disability or illness	Not required
2B	I am primarily and personally responsible for the care of a disabled/ill family member confined at home	Family Relationship
2C	My pregnancy	Not required
3A	Confined, awaiting trial	Name of institution
3B	Confined, convicted of a misdemeanor	Name of institution
4A	An electoral board member, registrar, officer of election, or custodian of voting equipment	Not required
5A	I have a religious obligation	Not required
6A	Active Duty Merchant Marine or Armed Forces	Branch of service
6B	Spouse or dependent living with a member of 6A	Branch of service
6C	Temporarily residing outside of US	Enter your last date of residency at your Virginia voting residence only if you have given up that address permanently or have no intent to return
6D	Temporarily residing outside of US for employment or spouse or dependent residing with employee	Name of business or employer
7A	Requesting a ballot for presidential and vice-presidential electors only (Ballots for other offices/issues will not be sent)	New state of residence and date moved from Virginia. Only eligible if you moved less than 30 days before the presidential election.
8A	Authorized representative of candidate or party serving inside the polling place	Not required
9A	Granted a protective order issued by or under the authority of a court of competent jurisdiction.	Name of the county or city in Virginia or the state of the issuing court.