## Federal Post Card Application (FPCA) Voter Registration and Absentee Ballot Request | about this form, consult your Voting Assistance Officer or the Voting Assistance Guide available in hard copy or on FVAP.gov. | Please print in black ink.

A quicker, easier to complete, electronic version of this form is also available on  $\ensuremath{\textbf{FVAP.gov}}.$  For any questions about this form, consult your Voting Assistance Officer or

|   | 1        | I request an absentee ballot for all elections in which I am eligible to vote AND:    I am a member of the Uniformed Services or Merchant Marine on active duty OR   I am their spouse or dependent. |                     |  |                          |  |
|---|----------|--|---------------------|--|--------------------------|--|
| Classification  |          |  |                     |  |                          |  |
| Make only 1 selection.  |          | I am a U.S. citizen residing outside the U.S., and I intend to return.   |                     |  |                          |  |
| (In most States, you must be absent from your voting district to use this form).  |          | ☐ I am a U.S. citizen residing outside the U.S., and I d   | lo not intend to re | eturn.   |                          |  |
|   |          | I am a U.S. citizen otherwise granted military/overs   | eas voting rights   | s under State law (check the Vo  | oting Assistance Guide). |  |
| Political Party   | 2        | To vote in primary elections, your State may require you   | to specify a politi | ical party:  |                          |  |
| Your legal name   | 3        | Last name Suffix   |                     |  |                          |  |
|   |          | First name   |                     | Middle name  |                          |  |
|   |          | Previous name (if applicable)  |                     |  |                          |  |
| Identification Some States require your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov.  | 4        | Sex M F Race   |                     | Birth date /   |                          |  |
|   |          | State Driver's License or ID   |                     | M M D  | D Y Y Y Y                |  |
|   |          | OR Social Security Number  |                     |  |                          |  |
| Contact<br>information<br>Include international<br>prefixes. No DSN number.   | 5        | Telephone  |                     |  |                          |  |
|   |          | Fax  |                     |  |                          |  |
|   |          | Email  |                     |  |                          |  |
|   |          | Alternate Email  |                     |  |                          |  |
| Ballot receipt  | 6        | I prefer to receive my ballot, as permitted by my State, b<br>(rank from 1 -3 in order of preference; be sure appropria  |                     | Email/Online Mail Mation is provided above)  | Fax                      |  |
| U.S. address for voting purposes Usually your last U.S. residence or your legal U.S. residence. See instructions.   | 7        | Street Address (not P.O. Box)  |                     |  | Apt.#                    |  |
|   |          | City/Town/Village  |                     |  |                          |  |
|   |          | County   | state               | Zip Code   |                          |  |
| Address where you live now  |          |  |                     |  |                          |  |
| This is different from above.<br>Your voting materials<br>will be sent here, unless<br>you specify a forwarding<br>address in Box 9.  | 8        |  |                     |  |                          |  |
| Additional  |          |  |                     |  |                          |  |
| requirements<br>for your State  |          |  |                     |  |                          |  |
| Such as: mail forwarding address, additional phone, or other State required information. See your State's pages in the Voting Assistance Guide on FVAP.gov.   | 9        |  |                     |  |                          |  |
| Affirmation (REQUIF   | RED):    | I swear or affirm, under penalty of perjury, that:   |                     |  |                          |  |
| I am a member of the Uniformed Serv   |          | es or Merchant Marine on active duty or an eligible spouse   | Signature           | Print this form,   | sign, and send in.       |  |
| or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U. citizen residing outside the U.S. • I am a U.S. citizen, at least 18 years of age (or will be by the da               |          |  | Today's date        | M M / D D  | / Y Y Y Y                |  |
| felony or other disqualifying offens  | se or be | ested jurisdiction. • I have not been convicted of a en adjudicated mentally incompetent, or if so, my voting  |                     | Witness signature / date if required by your State. See the Voting Assistance Guide on FVAP.gov. |                          |  |
| urisdiction in the U.S. • My sig  | nature   | registering, requesting a ballot, or voting in any other<br>and date herein indicate when I completed this document.   | Signatur            |  |                          |  |
| <ul> <li>The information on this form is true and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction</li> </ul> |          |  |                     |  |                          |  |

## Federal Post Card Application (FPCA) Instructions

The gray numbers and instructions below correspond to the gray numbered boxes on the face of the form.

- The classification you choose determines in which election(s) you will be allowed to vote. Choose the one that best represents your current situation.
- If you want to vote in primary elections, most States require you to specify a political party. Check your State's pages in the Voting Assistance Guide on FVAP.gov to see if your State requires you to specify a political party.
- The information you enter for your name should match the information you normally put on legal or official forms. For example, it should be the same name that appears on your driver's license or other government-issued ID.
- While most States allow you to enter either your driver's license number or the last 4 digits of your Social Security Number, some will invalidate this form without your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov to see if your State requires the full SSN.

Also, many States ask that you provide your race or ethnic group in order to demonstrate that they are complying with the Voting Rights Act and the National Voter Registration Act.

- If there are questions or problems with your form, local election officials will use this information to contact you. An email address is the simplest and fastest way for them to do so. Your voting materials will be sent to the email address(es) that you provide here if you request it and your State allows it. Include an alternate phone number in Box 9 if necessary.
- Indicate your preferred method for receiving your ballot by ranking each box 1, 2, or 3. All States and jurisdictions must send absentee ballots to military and overseas voters by at least one of the following: email, online download, or fax if requested. Check your State's pages in the Voting Assistance Guide on FVAP.gov to learn what your State allows. You can always get your absentee ballot by mail.
- 7 This determines the jurisdiction where you vote. For military voters the

available on **FVAP.gov**. For any questions about this form, consult your Voting Assistance Officer or the Voting Assistance Guide available in hard copy or on **FVAP.gov**.

voting address is your legal U.S. residence. For overseas citizens this is

A guicker, easier to complete, electronic version of this form is also

usually the U.S. address where you last lived. You do not need to have any current physical ties to this address. Do not use a post office box number. If the area has no street names, enter the route number and box number.

- 8 Enter the address where you want voting materials to be sent to you. Voting materials will be sent to this address unless you enter a forwarding address in Box 9
- Enter anything here that would help ensure that your ballot is accepted. Check your State's pages in the Voting Assistance Guide on FVAP.gov for anything your State may specifically require here. For example, some States require last date of residency in the U.S., previous location of registration, overseas employer, or witness address.

If you want your voting materials to be sent somewhere other than where you live now, enter that alternate (forwarding) address here. Provide an alternate phone number here.

Affirmation. Read this carefully. It is what you are agreeing to under oath and penalty of perjury by filling out and sending in this form. Some States require that your form be witnessed. Check the Voting Assistance Guide on FVAP. gov for your State's requirements.

## Privacy Act Statement

Authority: The authority to collect your personal information on this form comes from 42 USC 1973ff, "Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)."

Principal Purpose: This form serves as an application for registration and/or request for absentee ballot for all persons covered by UOCAVA.

Disclosure: Your disclosure of personal information is voluntary. However, failure to provide the requested personal information may keep the pertinent jurisdiction from processing this request and may prevent you from voting absentee.

| From (Your name and current complete military or overseas mailing address)   |  | U.S. Postage Paid<br>39 USC 3406 |
|--|--|----------------------------------|
|  |  | PAR AVION                        |
| International airmail postage is required if not mailed in the U.S. Postal Service, APO/FPO system, or diplomatic pouch. | OFFICIAL * * *  **ELECTION MAIL  Authorized by the U.S. Frontal Service *  * * * |                                  |

## OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAIL - DMM 703.8.0

| To (Check your State's pages in the Voting Assistance Guide on FVAP.gov for your local election official's information) |
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