



REQUEST FOR ABSENTEE BALLOT FORM

1. Name: _____ (First Middle Last)		Registration No.: _____	
3. Social Security No.: XXX - XX - _____		4. Last Voted: _____ Year District Village	
5. Date of Birth: _____		Phone Number(s): _____	
6. I will be absent from the Territory on Election Day because I am (select one) – Absentee Voter Status: <input type="checkbox"/> Employed in the service of the U.S. Government <input type="checkbox"/> An <i>absent uniformed services voter</i> (including spouse or dependent)* <input type="checkbox"/> A student at an institution of learning <input type="checkbox"/> Employed in the service of the American Samoa Government <input type="checkbox"/> An <i>overseas voter</i> voting for the Delegate to the U.S. House of Representatives*			
7. Actual Residence (Address): _____ _____ _____		8. Mailing Address (Do not leave blank): _____ _____ _____	
Complete 9 only IF you are an ABSENT UNIFORMED SERVICES VOTER or an OVERSEAS VOTER voting for Delegate to the U.S. House of Representatives (Congress Ballot).			
9. I prefer to receive my absentee ballot by (Select one): <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile <input type="checkbox"/> Electronic Mail Facsimile No.: _____; or Email Address(s): _____			
<b>NOTE:</b> All absentee ballots for local office (Governor/Lt. Governor and Representatives to the American Samoa Legislature) will be transmitted by regular postal mail regardless of absentee voter status.			
10. <b><u>THIS PORTION MUST BE COMPLETED BY THE APPROPRIATE OFFICIAL. DO NOT LEAVE BLANK.</u></b>			
Military Service/Employment/School: Verification of number 6 above:			
_____ Type/Print Name Official	_____ Title	_____ Organization	
_____ Signature of Authorized Official	_____ Date	_____ Phone Number	

I hereby swear/affirm that the foregoing information is true and correct. If any part of this Request is untrue, I understand that it may hamper my right to vote.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This application may be returned in person, mailed, faxed, or emailed to:  
Chief Election Officer  
Election Office  
American Samoa Government  
P.O. Box 3970  
Pago Pago, American Samoa 96799  
Fax: 1-684-699-3574  
Email: [absentee@eo.as.gov](mailto:absentee@eo.as.gov)

\*As defined by the Uniformed and Overseas Citizens Absentee Voting Act of 1986, as amended, 42 U.S.C. 1973ff, et seq., and Section 6.0102, A.S.C.A.