

ELECTION SYSTEM OF THE VIRGIN ISLANDS

Sunny Isle Shopping Center, Christiansted, St. Croix, V.I. (340) 773-1021
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Website: www.vivote.gov

ABSENTEE BALLOT APPLICATION

APPLICATION INFORMATION
TYPE OR PRINT ONLY

Name: _____ Sex: Male ___ Female ___
(As listed on the voter Registration Card)

Last Four Digits of SS Number: _____ Date of Birth: _____ Place of Birth: _____

Party Affiliation: (*Select only one*) Democrat ___ Republican ___ ICM- Independent Movement ___ No Party ___

Local Physical Address (No. and Street)

(As listed on registration card)

Local Mailing Address:

Telephone: _____/Work _____/Home _____/Cellular _____/Fax

Email Address: _____

MAIL ABSENTEE BALLOT TO: (*Complete mailing address where you want ballot to be mailed*)

METHOD OF PREFERENCE IN RECEIVING APPLICATION OR BALLOT: WALK-IN___ MAIL-IN___ E-Mail (**MILITARY ONLY**) _____
REASON FOR ABSENTEE BALLOT (MARK X ONLY ONE):

- ___ a. Member of the Armed Forces and Spouse or dependent
- ___ b. A student residing outside the Territory
- ___ c. An officer or employee of the Government of the Virgin Islands or Government of the U.S.
- ___ d. Unable to appear because of illness or physical disability (permanent or temporary)
- ___ e. A patient in a hospital, nursing home or home for the aged
- ___ f. Absent from District because of accompanying a spouse, parent or child who would be entitled to apply for the right to vote by Absentee ballot
- ___ g. Detained in jail awaiting action by a grand jury or trial, or has been confined in prison after a conviction for an offense other than a felony
- ___ h. Any person who has not been out of the election district for more than 90 days prior to the date of the election for which an absentee status is sought
- ___ i. Religious grounds

I REQUEST AN ABSENTEE BALLOT FOR THE FOLLOWING ELECTION(S):
___ PRIMARY ___ GENERAL ___ SPECIAL ___ ALL Elections conducted in the calendar year

SIGNATURE OF VOTER or Voter Representative DATE

- I swear or affirm to the self-administered oath, under penalty of perjury that:
- A. I am a United States Citizen, eligible to vote in the United States Virgin Islands.
 - B. I have not been convicted of a felon or other disqualifying offense or been adjudicated mentally incompetent, or if so my voting rights have been reinstated.
 - C. I am not requesting a ballot from or voting in any other State, Territory, or Possession or Subdivision of the United States or Foreign country in the coming election(s)
 - D. That I meet all the qualifications of a Virgin Islands elector.
 - E. The information on this form is true and correct.

SIGNATURE OF ELECTOR/VOTER DATE

FOR OFFICIAL USE ONLY -- Registered Voter YES NO

Ballot Issued _____
Ballot Returned _____
Application Rejected _____
REASON: _____