



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 #

N	N	N	-	N	N	-	N	N	N	N
---	---	---	---	---	---	---	---	---	---	---

(*Last 4 digits required. Optional if completing in person.)

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

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