



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 My Dude

First Name 01/01/1970

Middle Name Sickbay

Suffix Sickbay

Social Security #

N N N - N N - 2 3 1 4  
(\*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

1 1 / 1 1 / 1 1

I am registered to vote in the

☒ County ☒ City of This is the locality

## 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

A 4

Supporting Info (if required)

Supporting Information

## More Info (Optional)

4

Birth Year

1 9 9 0

Telephone

7 0 0 - 7 0 0 - 7 0 0 4

Email/Fax

Email/fax

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

5

Address Residence Address

APT/Suite # APT/SUITE

City cITY

State VA

Zip Code

5 5 5 5 5

## 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 MailingAddress

APT/Suite # Mailing Apt

City Mailing City

State/Country STATE/COUNTRY

Zip Code

5 5 5 5 5 - N N N N

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

7

Former Full Name Former Full Name

Date Moved

0 0 / 0 0 / 0 0

Former Address 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 Assistant Full Name

Address Assistant Address

APT/Suite # Assistant APT

City Assistant City

State Assistant State

Zip Code

5 5 5 5 5

Signature Assistant 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) Signature

Today's Date

0 0 / 0 0 / 0 0

## 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