



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 DudeFirst Name 01/01/1970Middle Name SickbaySuffix 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 PrimaryDate of Election

1	1	/	1	1	/	1	1
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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
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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
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Email/Fax Email/fax

Residence Address (If rural address/homeless describe residence)

5

Address Residence AddressAPT/Suite # APT/SUITECity cITYState VAZip Code

5	5	5	5	5
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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 MailingAddressAPT/Suite # Mailing AptCity Mailing CityState/Country STATE/COUNTRYZip Code

5	5	5	5	5	-	N	N	N	N
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Change of Name/Address (If changing registration name/address)

7

Former Full Name Former Full NameDate Moved

0	0	/	0	0	/	0	0
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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

Provide Information of Assistant

Full Name

Address

APT/Suite #

City

State

Zip Code

N	N	N	N	N
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Signature

Applicant Signature

10

I swear/affirm, under felony penalty for making willfully false material statements, that 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)

X

Today's Date

0	7	/	0	9	/	2	0	1	8
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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