



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
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(*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
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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

APT/Suite #

City

State/Country

Zip Code

N	N	N	N	N	-	N	N	N	N
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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

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

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. This application contains an electronic signature.

Signature (or mark if unable to sign)

Today's Date

M	M	/	D	D	/	Y	Y
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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