

Vermont Absentee Ballot Request

Save time. Request a ballot online at vote.vermont.gov.

Use this form to request absentee ballots for elections in 1 calendar year. All absentee voters must submit a new request each year.

Your name

If your name has changed,
provide your former name.

1

Last name _____ First name _____

Middle name _____ Former name _____

Residential address

This is where you currently live
and are registered to vote.

2

Address (not P.O. Box) _____

City or Town _____ State **VT** Zip _____

Mailing address

Provide the address where
you receive mail. This is where
we will send your ballot.

3

Same as residential address in section 2

Address or P.O. Box _____

City or Town _____ State _____ Zip _____

Election

Choose the elections that you
want to vote by mail in.

You can choose each election
or you can choose the period
that you want to receive
absentee ballots for.

You can choose elections for
1 calendar year.

I want to vote by mail in the following elections:

Annual Town Meeting

All local elections

General Election

Primary Election

Presidential Primary Election (*Choose a party*)

Democratic Republican

I want to vote by mail during the following period
(within 1 calendar year):

Or Start sending me
ballots on (mm/dd/yyyy) _____

Stop sending me
ballots on (mm/dd/yyyy) _____

Military, overseas
civilian, ill or with
disability voters

If applicable

5

My voter type (*check 1*): Military (active in U.S. or overseas) Overseas voter Ill or with disability

I want my ballot delivered by (*check 1*):

Email (*ballots cannot be returned electronically*) _____

Fax _____

Mail _____

Two Justices of the Peace (*only if you are ill or with a disability*). Phone _____

Contact information

This is helpful if we have a
question. Confidential.

6

Phone _____ Email _____

Requesting a ballot for
someone else?

If yes, the requester must
complete and sign this
section.

7

Requester's name _____

Relationship to voter

Family member

Health care provider

Person authorized by voter

Organization name (*if applicable*) _____

Requester's
address _____

Requester's phone _____

Signature

Required

Voter or requester, sign and date here (Required)

X	
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Date (mm/dd/yyyy) _____

8

Return your completed and signed form to your Town Clerk. You can:

- Mail it or drop it off in person
- Email it

Find your Town Clerk's mailing address and email address at tinyurl.com/vtclerks.

Track this request and your ballot at vote.vermont.gov.

Official use only

2025.06

Voted in office

Ballot picked up at clerk's office

Date of request _____ Ballot mailed date _____ Ballot returned date _____