

# Voter Registration and Absentee Ballot Request

Federal Post Card Application (FPCA)

Print clearly in blue or black ink.

**This form is for absent Uniformed Service members, their families, and citizens residing outside the United States. It is used to register to vote, request an absentee ballot, and update your contact information. See your State's instructions at FVAP.gov.**

## 1. Who are you? Pick one.

I request an absentee ballot for all elections in which I am eligible to vote AND:

- ☐ I am on active duty in the Uniformed Services or Merchant Marine **-OR-** ☐ I am an eligible spouse or dependent.  
☐ I am an activated National Guard member on State orders.  
☐ I am a U.S. citizen living outside the country, and I intend to return.  
☐ I am a U.S. citizen living outside the country, and my return is uncertain.  
☐ I am a U.S. citizen living outside the country, and I have never lived in the United States.

|                        |                                |     |  |
|------------------------|--------------------------------|-----|--|
| Last name              | Suffix (Jr., II)               | Sex | <input type="checkbox"/> Female<br><input type="checkbox"/> Male |
| First name             | Previous names (if applicable) |     |  |
| Middle name            | Birth date (MM/DD/YYYY)        | /   | /  |
| Social Security Number | Driver's license or State ID # |     |  |

## 2. What is your address in the U.S. State or territory where you are registering to vote and requesting an absentee ballot?

Your voting materials will not be sent to this address. See instructions on other side of form.

|                     |       |
|---------------------|-------|
| Street address      | Apt # |
| City, town, village | State |
| County              | ZIP   |

## 3. Where are you now? You must give your CURRENT address to receive your voting materials.

Your mailing address. (Different from above)

Your mail forwarding address. (If applicable)

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## 4. What is your contact information? This is so election officials can reach you about your request.

Provide the country code and area code with your phone and fax number. Do not use a Defense Switched Network (DSN) number.

|                  |        |
|------------------|--------|
| Email:           | Phone: |
| Alternate email: | Fax:   |

## 5. What is your voting preference? Select One.

How do you want to receive voting materials from your election office?  
☐ Mail  
☐ Email or online  
☐ Fax

What is your political party for primary elections?

## 6. What additional information must you provide?

The following need more information: Alaska, Arizona, Puerto Rico, Vermont, and Virginia. (Ex. Proof of residency, employer, etc.) You may also use this space to clarify your voter information. See the *Voting Assistance Guide* at FVAP.gov.

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## 7. You must read and sign this statement.

**I swear or affirm, under penalty of perjury, that:**

- The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.
- I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
- I am not disqualified to vote due to having been convicted of a felony or other disqualifying offense, nor have I been adjudicated mentally incompetent; or if so, my voting rights have been reinstated; and
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the United States, except the jurisdiction cited in this voting form.

**Sign here** **X**

**Today's date**  
(MM/DD/YYYY)

/ /

# You can vote wherever you are.

## 1. Fill out your form completely and accurately.

- Your U.S. address is used to determine where you are eligible to vote absentee. For military voters, it is usually your last address in your State of legal residence. For overseas citizens, it is usually the last place you lived before moving overseas. You do not need to have any current ties with this address. DO NOT write a PO Box # in section 2.
- Most States allow you to provide a Driver's License number or the last 4 digits of your SSN. Some States require a full SSN. See your State's guidelines at FVAP.gov.
- Most States require you to specify a political party to vote in primary elections. This information may be used to register you with a party.
- We recommend that you complete this form every year while you are an absentee voter.

## 2. Remember to sign this form!

## 3. Remove the adhesive liner from the top and sides. Fold and seal tightly.

- You can find the address for your election office at FVAP.gov.
- All States accept this form by mail, but they vary on email and fax. See your State's rules in the *Voting Assistance Guide* at FVAP.gov.

**Questions? Email [vote@fvap.gov](mailto:vote@fvap.gov)**

### Agency Disclosure Statement

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Dr., East Tower, Suite 03F09, Alexandria, VA 22350-3100. [OMB Control #0704-0503]. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. DO NOT RETURN YOUR FORM TO THE ADDRESS ABOVE.

### Privacy Act Statement

**Authority:** The authority to collect your personal information on this form comes from 52 U.S.C. § 20301, "Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)."

**Principal purpose:** This form serves as an application for registration and/or request for an absentee ballot for all persons covered by UOCAVA.

**Routine use(s):** There is no retention of this information by the Federal government. Completed forms are sent by you to an appropriate State election official.

**Disclosure:** Your disclosure of personal information is voluntary. However, failure to provide the requested personal information may keep the pertinent jurisdiction from processing this request and may prevent you from voting absentee.

**From**  
(Your name and mailing address)

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International airmail postage is required if not mailed using the U.S. Postal Service, APO/FPO/DPO system, or diplomatic pouch.



U.S. Postage Paid  
39 USC 3406

PAR AVION



OFFICIAL ABSENTEE BALLOTING MATERIAL – FIRST CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAIL – DMM 703.8.0

**To**  
(Fill in the address of your election office.  
The address can be found online at FVAP.gov.)

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