

# Virginia Absentee Ballot Application Form

Unless otherwise indicated, all items on this form are required. Please print clearly.

## Your Name & SSN

1

Last Name COOPER

First Name MATTHEW

Middle Name WILLIAM

Suffix

Social Security # 0641  
(Last 4 digits required)

## Election

2

I am applying to vote in: ☒ General or Special Election ☐ Democratic Primary ☐ Republican Primary

Date of Election 11/08/2016

I am registered to vote in the  
☒ County ☐ City of ARLINGTON COUNTY

## Reason for Absentee Ballot

3



Your application will be denied if a qualifying reason and required information are not provided.

Reason Code 1C

Supporting Info (if required) Conservation International

## More Info (Optional)

4

Birth Year 1988

Telephone 4079029546

Email/Fax mw.coop.r@gmail.com

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

5

Address 701 20th St S

City Arlington

State VA

Zip Code 222022706

## 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

City

State/Country

Zip Code

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

7

Former Full Name

Date Moved

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

City

State

Zip Code

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)

Today's Date

M M / D D / Y Y

## 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