



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 # _____
(Last 4 digits required) | N | N | N | - | N | N | - | N | N | N | N |

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 |

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 |

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.
 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 _____