

Voter Registration and absentee ballot request

Virginia

Special notes for Virginia: Virginia requires a copy of your driver's license or other ID.
Virginia requires that you put your **full Social Security number** on the form. (Weird but true.)

1. Fill out the Voter Registration Form. Use your **residence address** in Virginia, that corresponds to your drivers license or other ID
2. If you aren't sure of your county check here and we'll look it up for you. Your "municipality" is just the name of your city town village etc.
3. If you want to vote by mail, fill out the Absentee Ballot Request. Give your residence address in Virginia, and also your mailing address for an absentee ballot. If you plan to vote in person, do not fill out the Absentee Ballot request.
4. Most states require a drivers license number, or a non-drivers state ID number, or part of a social security number
5. Most states require a copy of your ID. **We'll help you copy your ID right here.**
6. Fill out your contact info below, so that we can reach you if necessary.
7. Staple or clip this sheet and the Voter Registration Form and the Absentee Ballot Request together and **give it to the VR volunteer.**
8. We'll look up the correct county clerk or election board for your state & county, and mail it for you right away.
9. Watch for your ballot in the mail.

Name _____

Phone _____

Email _____

- I requested an absentee ballot; I will vote by mail
- I did not request an absentee ballot; I plan to vote in person.
- I'm interested in volunteering; please contact me

Organizer: Look up the county if necessary at <http://quickfacts.census.gov/cgi-bin/qfd/lookup>
Send this absentee ballot request and this voter registration form together to the county-level election authority.
Find the correct mailing at <http://longdistancevoter.org> Use the address given for absentee ballot requests
Do not send absentee ballot requests to the state election authority. Do not send the forms to different destinations.

VIRGINIA VOTER REGISTRATION APPLICATION FORM

Use this form to register to vote in Virginia or report a change in name or address.

To register to vote in Virginia, you must:

- ✓ Be a **United States citizen**
- ✓ Be a **resident of Virginia**
- ✓ Be **18 years old by the next general election**
- ✓ Have **had your voting rights restored** if you have ever been convicted of a felony
- ✓ Have **had your capacity restored** if you have ever been declared mentally incapacitated in a Circuit Court.

IMPORTANT!

DEADLINE: 29 DAYS BEFORE THE ELECTION

This form must be postmarked (or delivered to the county or city voter registration office or DMV) no later than 29 days before the election in which you plan to vote. However, if you are already registered to vote at your current address, you do not need to re-register. Photocopies of this application are accepted with an original signature. The only time faxes are accepted is for an address change.

PRIVACY ACT NOTICE: Article II, Section 2 of the Constitution of Virginia (1971) requires that a person registering to vote provide his or her social security number, if any. Therefore, if you do not provide your social security number, your application for voter registration will be denied. Section 7 of the Federal Privacy Act (Public Law Number 93-579) allows the Commonwealth to enforce this requirement, but also requires that you be advised that state and local voting officials will use the social security number as a unique identifier to ensure that no person is registered in more than one place. This registration card will not be open to inspection by the public. Your social security number will appear on reports produced only for official use by voter registration and election officials, and for jury selection purposes by courts.

WARNING: INTENTIONALLY MAKING A FALSE STATEMENT ON THE VOTER REGISTRATION APPLICATION CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IMPRISONMENT, OR UP TO 12 MONTHS IN JAIL, AND FINED UP TO \$2,500.

ATTENTION: You must answer the boxes 1 – 11. If you do not complete all of the specified boxes your application will be denied. Once your local registrar approves your application, you should receive a voter card.

1	Commonwealth of Virginia		
	PREVIOUS VOTER REGISTRATION INFORMATION (REQUIRED)		
	<input type="checkbox"/> NO I have never registered to vote in the past. ▶ <i>If NO, skip to Box 2.</i>		
	<input type="checkbox"/> YES I am registered to vote at another address in Virginia or in another state. ▶ <i>If YES, the information below must be completed.</i>		
	FULL LEGAL NAME _____		DATE OF BIRTH _____
ADDRESS AT WHICH YOU WERE PREVIOUSLY REGISTERED TO VOTE _____		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____	
CITY/TOWN _____		STATE _____ ZIP CODE _____	
CITY/COUNTY/TOWN OF RESIDENCE (IF APPLICABLE) _____			
This cancellation information will be sent to the county or city and state you entered above. VIRGINIA - 1			

2	Are you a citizen of the United States of America?		Will you be 18 years of age on or before election day?		If you checked 'no' in response to either of these questions, do not complete this form.			
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO					
3	SOCIAL SECURITY NUMBER _____		4	GENDER		5	DATE OF BIRTH	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			____/____/____	
6	LAST NAME [Print] _____		FIRST NAME _____		FULL MIDDLE OR MAIDEN NAME _____		SUFFIX [JR., SR., III, ETC.] _____	
							DAYTIME TELEPHONE NUMBER _____	
7	RESIDENCE /HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) _____				APT/UNIT/LOT/RM/SUITE _____		CITY OR TOWN _____	
							ZIP CODE _____	
	IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED (I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD – NORTH, EAST, ETC.; NEAREST LANDMARK)							
8	MAILING ADDRESS (if different) VIRGINIA P. O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE [INCLUDE ZIP CODE] _____					8	NAME OF CITY OR COUNTY OF RESIDENCE	
							<input type="checkbox"/> CITY OR <input type="checkbox"/> COUNTY OF	
9	• HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		10	• HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		• IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____		
	• IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO			• IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		• IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____		
	• IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____			• IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____				
11	REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE.							
	↓ REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN).							
	SIGN HERE ▶ _____				DATE → _____			
If applicant is unable to sign, write below the name/address of person who assisted: (REQUIRED)								

<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.	You may request that your home address not be released if you (a) are active or retired law enforcement , or (b) have been granted a protective court order , or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 7 above.	<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.		
<input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER <input type="checkbox"/> THREATENED/STALKED				
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS

Commonwealth of Virginia
ABSENTEE BALLOT APPLICATION

A SEPARATE FORM MUST BE SUBMITTED FOR EACH PERSON FOR EACH ELECTION

I AM A REGISTERED VOTER IN THE COUNTY/CITY OF _____
 I AM APPLYING TO VOTE BY ABSENTEE BALLOT IN THE FOLLOWING ELECTION . . .
 GENERAL OR SPECIAL **OR** DEMOCRATIC PRIMARY **OR** REPUBLICAN PRIMARY
 TO BE HELD ON _____, 20 _____

OFFICE USE ONLY	APPLICATION NO. _____
PCT _____	DIST _____
DATE RECEIVED _____	
<input type="checkbox"/> IN PERSON	<input type="checkbox"/> IN PERSON - BALLOT TO BE MAILED
<input type="checkbox"/> BY MAIL	<input type="checkbox"/> BY FAX
<input type="checkbox"/> OTHER	
APPLICATION ACCEPTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
REASON DENIED _____	
REVIEWED BY _____	

BALLOTS MAILED ONLY IF PARTS A THROUGH E ARE COMPLETED. MAXIMUM PENALTY FOR ANY FALSE STATEMENT: \$2500 FINE AND/OR 10 YRS IN JAIL.

PART A I will be absent on election day or I cannot go to the polls because: [Check one box only in Part A. Provide required information.]
 EXCEPTION: "FIRST TIME VOTERS IN VIRGINIA" who registered to vote by mail MAY VOTE BY MAIL ONLY IF THE REASON CODE IN PART A IS 1A, 2A, 6A, 6B, 6C OR 6D.

STUDENT
 1A I am a student attending **OR** 1B I am the spouse of a student attending . . .

 NAME AND ADDRESS OF SCHOOL OUTSIDE MY COUNTY/CITY [REQUIRED FOR 1A AND 1B]

CARE GIVER
 2B I am the primary care giver for a family member whose name is _____
 [REQUIRED]
 and whose illness or disability is _____ [REQUIRED]

BUSINESS
 1C I will be outside my county/city of residence on business

 NAME OF EMPLOYER OR BUSINESS [REQUIRED]

CONFINEMENT
 3A I am confined, awaiting trial, **OR**
 3B I am confined, having been convicted of a misdemeanor in . . .

 PLACE OF CONFINEMENT AND ADDRESS [REQUIRED FOR 3A AND 3B]

PERSONAL BUSINESS OR VACATION
 1D I will be traveling outside my county/city on personal business or vacation
 PLACE OF TRAVEL: _____ [REQUIRED]

ELECTION OFFICIAL
 4A I am an Electoral Board member, a Registrar, an Officer of Election, or a custodian of voting equipment

WORKING AND COMMUTING TO AND FROM HOME FOR 11 OR MORE HOURS BETWEEN 6:00 AM AND 7:00 PM
 1E I will be working and commuting on election day
 From _____ AM to _____ PM [REQUIRED]

 NAME OF EMPLOYER OR BUSINESS [REQUIRED]

 ADDRESS OF EMPLOYER OR BUSINESS [REQUIRED]

RELIGION
 5A I have a religious obligation


 RELIGION AND NATURE OF OBLIGATION [REQUIRED]
U.S. UNIFORMED SERVICES
 6A I am on active duty in the Merchant Marine or Armed Forces, **OR**
 6B I am the spouse or a dependent residing with the above 6A

 BRANCH OF SERVICE, RANK, GRADE OR RATE, SERVICE ID [REQUIRED FOR 6A AND 6B]

DISABILITY OR ILLNESS
 2A I have a physical disability or physical illness

 NATURE OF PHYSICAL DISABILITY OR PHYSICAL ILLNESS [REQUIRED]

TEMPORARILY RESIDING OUTSIDE U.S.
 6C I am temporarily residing outside the continental limits of the U.S.
 6D I am temporarily residing outside the continental limits of the U.S. for the purposes of employment or I am the spouse or dependent thereof
 LAST DATE OF RESIDENCE IN VIRGINIA: _____
 [ONLY REQUIRED IF YOUR RESIDENCE IS NO LONGER AVAILABLE TO YOU]

PART B Ballot can be mailed only to:
 - Address where you are registered, **OR**
 - Address while absent from county/city
 The ballot cannot be sent "in care of"

See Absentee Voting **IN PERSON** on reverse side and where ballot can be mailed information at left.
 I am voting **BY MAIL**. Send the ballot to me at the following address . . .

PART C Assistance: I will need help in marking my ballot because of a physical disability, blindness, or inability to read or write.
 Yes No [If Yes, a required form is sent with the ballot]

PART D Absentee Voter's Statement
 I declare under penalty of law that, to the best of my knowledge, . . .
 • The facts contained in this application are true and correct
 • I have not and will not vote in this election at any other place in Virginia or in any other state

PART E Assistant's Statement REQUIRED ONLY IF VOTER CANNOT SIGN OR WRITE FOR REASONS STATED IN PART C
 I declare, under penalty of law, that . . .
 • I have written on applicant's signature line: "Applicant Unable to Sign"
 • I have signed and provided requested information below

*Printed Full Name of Absentee Voter [Required]

 *Legal Virginia Residence Address [Required]

 City/Town [Required] _____ Zip [Required] _____
 Last 4 digits of your Social Security Number [Required] _____ Area Code _____ Daytime Phone _____
 Signature of Applicant [Required] _____ Date [Required] _____

Printed Full Name of Witness

 Address of Witness

 City/Town _____ Zip _____
 Signature of Assistant [18 or older]

 Knowingly giving any untrue information in this document is a felony under Virginia law. The maximum penalty is a fine of \$2500 and/or confinement for up to ten years. You also lose your right to vote.

Check here - if this is a change of NAME or ADDRESS
 * Then, complete **PART F** on the reverse side of this form.