

Virginia Vote by Mail Application Form

Print your Personal Information	1	Last Name: _____ First Name: _____
		Middle Name: _____ Suffix: _____
		Birth Year (optional): _____ Social Security # (last 4 digits required): _____
Type + Date of Election	2	I am applying to vote by mail in the: <input type="checkbox"/> General or Special Election <input type="checkbox"/> Democratic Primary or <input type="checkbox"/> Republican Primary Date of Election: ____ / ____ / ____ in the city/county of: _____
Annual Vote by Mail Optional	3	Do you want to vote by mail for all elections this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which party primary ballots would you like to receive? <i>If none selected, we won't send primary ballots.</i> <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> I do not wish to receive ballots for Primary Elections.
Address Where You Live	4	Address: _____ Apt/Suite #: _____ City: _____ VA Zip Code: _____ <i>If rural address or homeless, describe residence.</i>
Ballot Mailing Address if different from above	5	Address: _____ Apt/Suite #: _____ City: _____ State: _____ Zip Code: _____ Country: _____
Contact info. Optional	6	Telephone: _____ Email/Fax: _____

Section 7 only applies to some voters. Leave blank and skip to Section 8 if none of these apply to you.

Change of Name/ Address	7a	Former Full Name: _____ Former Address: _____ Date Moved: ____ / ____ / ____ City: _____ State: _____ Zip code: _____
First Time Voter in this City/County Does not apply to Federal Elections	7b	If you mailed in your voter registration application and this is your first time voting in this city/county, you have to vote in person unless you have a qualifying exemption. <i>If you plan to vote in an election for U.S. President, U.S. Senate, or U.S. House of Representatives, you can vote by mail no matter what.</i> Turn the form over to find your reason for voting by mail in your first election. → I need to vote by mail because (turn page over for qualifying exemption): _____
Military or Overseas Voters	7c	If you are a military/overseas voter OR a spouse/dependent, we need to know more: 1. Turn the form over to find your category under the Military and Overseas Section. 2. Print category letter code here: _____. If applicable, last date of residency: _____ 3. Deliver my ballot to: <input type="checkbox"/> Residence address-from Section 4 <input type="checkbox"/> Email address from Section 6 <input type="checkbox"/> Ballot mailing address from Section 5 <input type="checkbox"/> Fax number from Section 6
Assistance with Ballot	7d	<input type="checkbox"/> I need assistance completing my ballot due to a disability, blindness, or inability to read or write. <i>If checked, an assistance form will be sent with the ballot.</i>
Assistance with this Form	7e	Assistant, fill in your information below and sign if applicant is unable to sign due to disability: Assistant's Full Name: _____ Phone: _____ Assistant's Address: _____ Apt/Suite: _____ City: _____ State: _____ Zip code: _____ <i>I swear/affirm, subject to felony penalties for making false statements pursuant to VA Code § 24.2-1016, that (1) the information provided in this form is true, and (2) I have written "Applicant unable to sign" on the applicant's signature line in Section 8.</i> Assistant, sign here: _____ Date: _____

Voter's Statement + Signature	8	<i>I swear/affirm, subject to felony penalties for making false statements pursuant to VA Code § 24.2-1016, that (1) the information provided in this form is true, (2) I am not requesting a ballot or voting in any other jurisdictions in the US, (3) I am registered to vote in the city/county where I am applying to vote, and (4) if I checked the box (in Section 2) to vote by mail for the calendar year, I will likely remain eligible to vote throughout the calendar year.</i>
		Voter, sign here (or mark if unable): X _____ Date: ____ / ____ / ____

Office use only	District/Senate/House: _____	Application # _____	App accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Precinct: _____	Received by: _____	Reason not accepted _____	
Date received: _____	Method received: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In person <input type="checkbox"/> Other		
Ballot sent by: _____	Ballot sent by: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail		