

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) Optional if completing in person.

Election

2 I am applying to vote in: General or Special Election Democratic Primary Republican Primary
Date of Election 05/05/20 I am registered to vote in the Roanoke 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 2 A Supporting Info COVID-19 (if required)

More Info (Optional)

4 Birth Year _____ Telephone _____
Email/Fax _____

Residence Address (If rural address/homeless describe residence)

5 Address _____ APT/Suite # _____
City _____ State VA Zip Code _____

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 _____

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 _____
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 _____ Reason Not Accepted _____
Ballot Sent By Mail Email Fax In Person On Machine Yes No