

Virginia Voter Registration Application Form

Use this form to register to vote in Virginia or report a change or update in your 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

Identification Requirement

All voters must show one acceptable form of ID or provide a written statement when voting in-person. In federal elections, all first time voters who registered by mail will be required to provide one acceptable form of ID; a written statement will not be accepted. For a complete list of acceptable forms of ID visit: www.elections.virginia.gov/voterID. Need more information? Go Online: www.elections.virginia.gov or Call: (800) 552-9745 TTY: 711

Your Address

In order to register to vote, you must provide a residential street address or a description of where you live. You may provide a mailing address at the bottom of Box 3 ONLY if you have checked one of the following items under Box 3: (1) your residence address is not serviced by the U.S. Postal Service; (2) you are homeless; (3) you are an U.S. citizen overseas; (4) you are an active duty uniformed service member, or qualifying spouse/dependent; or (5) you are a qualified protected voter who has entered a protected voter code and provided a Virginia P.O. Box as a Mailing Address at the bottom of Box 3. No other applicants may use a mailing address.

Protected Voters

LEO: active or retired law enforcement officer, judge, U.S. or Virginia Attorney General; CPO: have a court issued protective order for your benefit; TSC: have a complaint with law enforcement about being threatened or stalked; ACP: registered with the Virginia Attorney General's Address Confidentiality Program; or FPA: approved foster parent. If any of those situations applies to you or a member of your household, please check the corresponding box and enter three-letter code in the spaces in Box 3. You will only be registered as protected if you check the box, provide a code, and include a valid Virginia post office box as a Mailing Address at the bottom of Box 3.

Starred (*) items are required. If you do not complete all of the items that are marked with *, your application may be denied. Once your local registrar approves your application, you will receive a confirmation by mail.

1	* Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO	* Will you be at least 18 years of age on or before the next General Election day? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you checked "NO" in response to either of these questions, do not complete this form.	
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> * Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> * Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Daytime Telephone Number
	<input type="text"/> * Last Name	<input type="text"/> * First Name	<input type="text"/> * Full Middle or Maiden Name	<input type="text"/> * Suffix (Jr., Sr., III, Etc.)

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* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If any of the following apply, check box/protected voter code and enter Mailing Address/ Virginia P.O. Box or Uniformed Service Address below (include Zip Code): City or County:

I am an active-duty uniformed services member, spouse/dependent, or overseas citizen. Name of City or County of Residence

I am homeless or my address is not serviced by the U.S. Postal Service. E-mail Address

I am a Protected Voter (see codes at top of page and enter here):

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* Have you ever been convicted of a felony? YES NO State where convicted

If YES, have your voting rights been restored? YES NO If YES, when restored? / /


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* Have you ever been judged mentally incapacitated? YES NO

If YES, has court restored you to capacity? YES NO If YES, when restored? / /

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Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

 * Signature (or mark if unable to sign) / /

By checking this box, I affirm both that I am an individual with physical disabilities and the Affirmation Statement above. Pursuant to Article II, § 2 of the Constitution of Virginia, individuals with physical disabilities are not required to sign the application for voter registrations.

I'm interested in being an Election Official on Election Day. Please send me information.

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***Previous Voter Registration Information – Commonwealth of Virginia**

No, I am not currently registered to vote in Virginia or another state.

Yes, I am registered to vote at another address in Virginia or in another state. **If YES, the information below must be completed:**

/ /
Full Name as Registered Date of Birth Social Security # (last 4 required)

Address at which you were previously registered to vote 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 Voter Registration Application Receipt

Name of Applicant

/ /
Date

Name of group or individual receiving application

E-mail address

- -
Daytime telephone number of group or individual receiving application

No receipt is required for application completed in the Voter Registration Office.

If you have not received a confirmation within thirty (30) days of submitting a Voter Registration Application, please contact the Virginia Department of Elections.

Online: elections.virginia.gov
Voice: (800) 552 · 9745
TTY: 711
Richmond local: (804) 864 · 8901

Notes

- Deceased
- Out of State
- Personal Request
- Convicted of a Felony
- Judged Incapacitated
- Error Deleted
- NVRA Cancel
- Transferred Out
- Re-Registered
- Inactive Status
- Reactivated

Other changes
New PCT Authorized by Date changed
New Last Name
New First, Middle/Maiden Name and Suffix
Date changed

Registration date	PCT	Town code	Denial date & reason	Date changed

For Office Use Only