

Commonwealth of Virginia  
**CERTIFICATE OF CANDIDATE QUALIFICATION  
 ELECTOR FOR  
 PRESIDENT AND VICE PRESIDENT**

**NOTICE: KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW. THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.**

I am a candidate for the above office for the  Commonwealth AT LARGE OR  \_\_\_\_\_ Congressional District representing the following party or candidates: \_\_\_\_\_ and hereby certify that:

ENTER PARTY OR CANDIDATES NAMES

- 1. I am a citizen of the United States. [ ] YES [ ] NO
- 2. I am at least eighteen years of age or will be on or before the date of the election. [ ] YES [ ] NO
- 3. I am a resident of the Commonwealth of Virginia. [ ] YES [ ] NO
- 4. I reside in the congressional district in which I seek office. [ANSWER ONLY IF YOU ARE A DISTRICT ELECTOR] [ ] YES [ ] NO  
 If **AT LARGE** Elector, state congressional district of residence: \_\_\_\_\_
- 5. My legal residence is: [residence address must be given; post office box or general delivery is not acceptable]

STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER

City/Town \_\_\_\_\_ ZIP \_\_\_\_\_

County or City of residence: \_\_\_\_\_

- 6. I am registered to vote at the above address in the precinct in which I reside. [ ] YES [ ] NO  
 [or if not and registration books are closed, my application for registration, transfer, or change of address is on file in the general registrar's office for processing when books re-open]
- 7. I understand that, if elected, I must cast my ballot at the Electoral College for the Presidential and Vice Presidential candidates that I represent, or as directed by the Party in the event of the death, withdrawal or disqualification of either nominee. [ ] YES [ ] NO
- 8. Have you ever been convicted of a felony? [ ] YES [ ] NO
- 9. Have you ever been adjudicated mentally incompetent **and** lost your right to vote? [ ] YES [ ] NO
- 10. If you answered **YES** to 8, give date of certificate restoring voting rights. \_\_\_\_\_  
 If **YES** to 9, give date of court order restoring competency. \_\_\_\_\_
- 11. Are you a member of the United States Senate or House of Representatives? [ ] YES [ ] NO
- 12. Do you hold an office of trust or profit under the government of the United States? [ ] YES [ ] NO

DATE OF RESTORATION

IF YOUR POSITION WITH THE GOVERNMENT OF THE UNITED STATES IS CREATED BY THE CONSTITUTION OR A STATUTE, AND YOU WERE EITHER ELECTED OR APPOINTED TO YOUR POSITION, AND YOUR POSITION HAS A DESIGNATION OR A TITLE, AND THE LAW IMPOSES PUBLIC DUTIES ON YOU, THEN YOU ARE NOT QUALIFIED TO SERVE AS ELECTOR.

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:

|   |  |   |  |
|---|--|---|--|
| YOUR NAME [SEE REVERSE SIDE FOR REQUIREMENTS] |  | YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE] |  |
| MAILING OR CAMPAIGN ADDRESS                   |  | ELECTION DATE (MM/DD/YYYY)                                  |  |
|   |  | (AREA CODE) HOME TELEPHONE                                  |  |
| E-MAIL ADDRESS                                |  | (AREA CODE) BUSINESS TELEPHONE                              |  |
| WEB ADDRESS                                   |  |   |  |

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 DATE

State of \_\_\_\_\_ County/City of \_\_\_\_\_

The foregoing instrument was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

PRINT NAME OF CANDIDATE

\_\_\_\_\_  
 SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT

\_\_\_\_\_  
 NOTARY REGISTRATION NUMBER

\_\_\_\_\_  
 DATE NOTARY COMMISSION EXPIRES

## **YOUR NAME**

Elector names **DO NOT APPEAR** on the ballot. However, Elector names are posted on the State Board of Elections' website. They also are included in the canvass documents certified by the State Board of Elections.

Therefore, you should provide your *first name* or *initial*, *middle name* or *initial* if one, *last name* and *suffix*, if any.

Initials may not be used for *both* the first and middle names.

## **SOCIAL SECURITY NUMBER**

Your social security number is part of your official voter record. It is required on this form only to make it possible to identify your registration record in order to qualify you as a candidate. The State Board of Elections, when copying this document for public inspection, must omit your social security number.

## **RETURN TO:**

The appropriate chair of the Democratic Party or the Republican Party OR, if you are an elector for candidates **of other groups**, to the individual coordinating the filing.

The properly completed form for each elector must be filed with the Department of Elections no later than noon the 74<sup>th</sup> day prior to the election. Va. Code § 24.2-542-543.

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Should you have questions relating to filing requirements, please do not hesitate to call the Department of Elections.

(804) 864-8901    **OR**    Toll-free: (800) 552-9745