COMMONWEALTH OF VIRGINIA

ANNUAL ABSENTEE BALLOT APPLICATION

VOTER WITH DISABILITY OR ILLNESS

§§ 24.2-700, 24.2-701, 24.2-703.1 and 24.2-704, Code of Virginia

FOR COMPLETE INSTRUCTIONS AND DEADLINES SEE REVERSE SIDE

FOR REGISTRAR USE ONLY

PCT: _____ APP # _____ DATE THIS APP. RECEIVED _____

DATE STATEMENT FILED BY PHYSICIAN/PROVIDER/PRACTIONER: _____

REGISTERED: ☐ YES ☐ NO REVIEWED BY: _____

ACCEPTED: ☐ YES ☐ NO REASON DENIED: _____

PART A ABSENTEE VOTER'S STATEMENT --

- I am registered to vote in the ☐County/ ☐City of: _____
- I am unable to go in person to the polls on election day because of my disability or illness and am likely to remain disabled or ill for the rest of the calendar year.
- I am applying to receive an absentee ballot for each election in which I am eligible to vote in calendar year 20____.
- I also request ballots for any primary held for nominations of the [check no more than one; if neither party is checked, primary ballots will not be sent]: ☐ Democratic Party ☐ Republican Party

☐ I WILL NEED ASSISTANCE IN MARKING MY BALLOT due a disability, blindness, or inability to read or write (or need the ballot translated into another language). [If you check this box, the required form will be sent with your ballot.]

[Check one]:

☐ I am submitting my FIRST *Annual Application for an Absentee Ballot* and the Statement of Disability or Illness (below) has been signed by my physician or other state licensed disability services provider or accredited religious practitioner.

☐ This is NOT my first *Annual Application*. [Part C. Statement of Disability or Illness is not needed for second or later Annual Applications.]

Send the ballot to me at [check one]**:**

☐ **The address listed below where I am currently registered.** [This address will be used if no other address is checked or provided.]

☐ **My new Virginia residence address provided on the reverse.**

☐ **The address printed to the right, where I am temporarily confined due to illness or disability, or where I will be while outside of my county/city.**

Note: Ballot cannot be sent "in care of" anyone else. Ballot may only be sent to the addresses described above.

NOTE: When you return from this temporary address, you must let the Registrar know (by phone or by filing a revised Annual Application) so that future ballots will be sent to your residence. If your ballot is returned as "undeliverable," no additional ballots can be sent until a new application is filed and accepted.

Street Address

City/Town **State** **Zip**

I declare under felony penalty of law, that, to the best of my knowledge, the facts contained in this application are true and correct, and that I have not and will not vote in the elections for which I am applying at any other time or place in Virginia or in any other state.

Full Name of Absentee Voter

Legal Virginia Residence Address

City/Town **Zip**

Social Security Number [Last 4 digits required] **Area Code** **Daytime Phone**

Signature of Applicant **Date**

PART B ASSISTANT'S STATEMENT

[ONLY required if applicant unable to sign due to disability or inability to read or write. Assistance box above should also be checked.]

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

Full Name of Assistant

Residence Address of Assistant

City/Town **Zip**

Signature of Assistant

PART C STATEMENT OF DISABILITY OR ILLNESS [This statement is ONLY required for the applicant's FIRST *Annual Application*.]

I, [PRINT NAME] _____**, certify that the above named applicant is unable to go in person to the polls on election day because of a disability or illness and is likely to remain so disabled or ill for the remainder of the calendar year.**

SIGNATURE: _____ **DATE:** _____ **DAYTIME PHONE:** _____

I AM THE APPLICANT'S [MUST CHECK ONE]**:** ☐ **LICENSED PHYSICIAN** ☐ **LICENSED DISABILITY SERVICES PROVIDER** ☐ **ACCREDITED RELIGIOUS PRACTITIONER**

[IF YOU HAVE QUESTIONS ABOUT THE QUALIFICATIONS FOR USING THIS APPLICATION OR SIGNING THIS STATEMENT, SEE INSTRUCTIONS ON REVERSE.]

WARNING: INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IN PRISON, OR UP TO 12 MONTHS IN JAIL AND/OR FINED UP TO $2,500. YOU ALSO LOSE YOUR RIGHT TO VOTE.

Privacy Act Notice: This form requires the last four digits of your social security number for identification and to prevent fraud. Your application will be denied if you fail to provide this or any other information necessary to determine your qualification to vote. Federal law (the Privacy Act and Help America Vote Act) and state law (the Virginia Constitution, Article II, § 2, Title 24.2 of the Code of Virginia and the Government Data Collection and Dissemination Practices Act) authorize collecting this information and restrict its use to official purposes only.

INSTRUCTIONS FOR COMPLETING THIS FORM

This *Annual Absentee Ballot Application* may be used by any registered voter who . . .

- is unable to go in person to the polls on the day of election because of a disability or illness
- and is likely to remain disabled or ill for the remainder of the calendar year.

Once your application is accepted, a ballot will be mailed to you for every election in which you are eligible to vote, including general elections and any special elections. You no longer have to apply for a ballot separately for each election. But, you will need to submit a new Annual Application for each year that you remain eligible to use it and wish to continue voting absentee. (A blank *Annual Application* will be mailed to you each December to apply for the following year.)

If you request primary ballots by designating a political party, and any primary is held for that party's nominations, you will also receive that ballot automatically.

Am I required to designate a political party?

- . No. Virginia law does not require a person to identify a political party preference (Example: Republican Party or Democratic Party) except when requesting primary ballots. You may vote in either party's primary, but not in both primaries held on the same day. If you want to change your primary ballot request, simply file a new *Annual Application* before your primary ballot has been mailed. If you receive a ballot that you do not wish to vote, or need a replacement ballot, call your Registrar's office for instructions.

What are the special requirements for the Annual Application?

- . On your FIRST *Annual Application* only, you must have your physician, accredited religious practitioner, or other state licensed disability services provider (see definitions below) sign and complete the *Statement of Disability or Illness* (Part C of the application). This Statement is not required on your SECOND or LATER *Annual Applications*.

"Accredited religious practitioner" is a person trained in spiritual healing or other healing arts and accredited by a formal religious order. The signature of a minister who is not so trained and accredited (ordained or otherwise) is not acceptable. [§24.2-705, Code of Virginia]

"Other state licensed disability services provider" is a person, entity, or organization (excluding an agency of the federal government) licensed by the Department of Behavioral Health and Developmental Services. "Provider" includes a hospital, community services board, behavioral health authority, private provider, and any other similar or related person, entity, or organization. The signature of the person who is a licensed provider or a representative of the licensed entity or organization is acceptable. [§§ 24.2-703.1 and 37.2-403, Code of Virginia]

PART A: ABSENTEE VOTER'S STATEMENT

- Complete the information at the top.
- Print the name of the city/county in which you are registered to vote.
- Identify the calendar year for which you are applying.
- Indicate if you will need assistance to mark your absentee ballot for the reasons stated. If the box is checked, an *Assistance Form* will be sent with the absentee ballot. The form, must be returned with the ballot.
- Designate a political party preference only if you wish to vote in the political party's primary, if held.
- Indicate the address where your absentee ballot is to be sent. [Note the restrictions on ballot mailing addresses.]
- Read the statement that begins "I declare under felony penalty of law..."
- Print your full name, current legal residence (street) address, social security number (last 4 digits are required by law) and daytime telephone number.
- Sign your name and enter the date signed.

[Note: A signature based on use of a power of attorney cannot be accepted on this form or any other form relating to voter registration or voting.]

PART B: ASSISTANT'S STATEMENT

If the absentee voter is unable to sign his or her name:

- Write on the voter's signature line: *"Applicant Unable to Sign."*
- Print the other information required in Part A as the voter directs.
- Print your name and address; sign your name.

PART C: STATEMENT OF DISABILITY OR ILLNESS

- Required only on first *Annual Absentee Ballot Application*.
- See instructions at left for information on who is authorized to sign this Statement.
- Person signing Part C should print his or her name, sign, enter the date signed and their daytime phone number, and check the box to indicate their position.

PART D: CHANGE OF NAME OR ADDRESS

To remain a qualified voter, state law requires you to notify the Registrar of a change in your name or address.

[Important Note: If the *Annual Application* or an absentee ballot is returned to the Registrar as "Undeliverable" or if the Registrar knows that you are no longer a qualified voter, no absentee ballot for any subsequent election will be sent to you until a new *Annual Application* is filed and accepted.

PART D CHANGE OF NAME OR ADDRESS

Full Name		If Name Changed, Former Full Name
New Virginia Residence Address	Apt., Suite or Lot No.	Date Moved
City	State	Zip Code
New Mailing Address (if different from New Virginia Residence Address)		
Old Virginia Residence Address		
Signature (required)		Social Security Number (Optional)

ADDITIONAL INFORMATION

To vote absentee by mail, your application must be received by your Registrar by 5:00 PM on the Tuesday before the election.

Ballots are available 45 days before most elections

Your voted ballot must be received by the Electoral Board before the polls close on election day. (Follow the instructions with your ballot.)

For additional information --

Department of Elections

Toll Free 800-552-9745 TTY 800-260-3466

www.elections.virginia.gov