

SWORN AFFIDAVIT*

***Required if requesting over 25 voter registration applications; 200 maximum.**

I, _____, state as follows:

(full name)

1. I am requesting _____ (limit 200) voter registration applications from the State Board of Elections or local voter registration office for a voter registration drive.
2. I am requesting these forms as an (check as applicable)
__ Individual; or
__ an agent on behalf of an organization _____ (list the organization)
3. I will abide by all Virginia laws and rules regarding the registration of voters, including
 - I will provide a completed receipt to all applicants for whom I take applications.
 - I will return all completed applications no later than ten (10) days after the applicant signs or the close of registration for the next election if sooner.
 - I will not mark, add, change, or delete any information on the Voter Registration Application, nor will I destroy, or dispose of the application in any way.
 - I will not copy, duplicate, or distribute any social security number on any application.
4. If I am requesting these forms on behalf of an organization, I will use my best efforts to ensure that this organization will abide by all Virginia laws and rules regarding the registration of voters, which will include additional training and supervision of individuals working on behalf of my organization.
5. I have completed the training required annually available from the State Board of Elections either online or in-person or locally through the voter registration office;
6. I understand that criminal penalties may result from noncompliance, intentionally falsifying or misrepresenting material information.

I swear or affirm under penalty of perjury that the foregoing is true and correct.

Signature _____

Name (First, MI, Last): _____

Organization (if any): _____

Address: _____

City/State/Zip: _____

Telephone # Day: _____

Telephone # Evening: _____

Email Address: _____

Date: _____

Please return completed form to:

STATE BOARD OF ELECTIONS

*Voter Registration Programs
1100 Bank Street, 1st Floor
Richmond, VA 23219-3497
Fax # (804) 371-0194*

Or at the local voter registration office. Contact information can be found on the State Board of Elections' website at www.sbe.virginia.gov