



Notice of Substitution of Elector for President and Vice President Due to Death, Withdrawal, or Disqualification

Who uses this form	<ul style="list-style-type: none">State Chair of recognized or non-recognized political party attempting to achieve ballot access within the Commonwealth of Virginia for the office of President and Vice President.Independent Presidential Candidate attempting to achieve ballot access within the Commonwealth of Virginia for the office of President and Vice President.
How to submit this form	This form may be submitted in person, by mail, or electronically by the deadline. Address: VA Department of Elections ATTN: Elections Administration 1100 Bank Street, 1st Floor Richmond, VA 23219 Email: ea@elections.virginia.gov
Must be submitted with	Your substitute must provide the applicable Oath for Electors for President and Vice-President . (Democratic or Republican Party: ELECT-241 ; Independent candidate or third party: ELECT-242)

Deceased/Withdrawn/Disqualified Elector Information:

Elector Name	_____	_____
	Last Name	First Name
	_____	_____
	Middle Name	Suffix

Substitute Election Information

Elector Name	_____	_____
	Last Name	First Name
	_____	_____
	Middle Name	Suffix
Sign and date	X _____	_____/_____/_____ Given under my hand this date
	Elector Signature	