# 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

## Absentee Voter’s Statement

- I am unable to go 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 during calendar year 20___.

  **(Check one):**
  - ☐ I am submitting my FIRST Annual Application for an Absentee Ballot, and the Statement of Disability or Illness (Section 8 below) has been signed by my physician, provider, or accredited religious practitioner.
  - ☐ This is not my first Annual Application. [Section 8 Statement of Disability or Illness is not needed for second or later Annual Applications.]

## Party Preference

- Check no more than one; if neither party is checked, primary ballots will not be sent.

  - ☐ Democratic Party
  - ☐ Republican Party
  - ☐ I do not wish to receive ballots for Primary Elections.

## Name; Current Address; SSN

- Full Name: ____________________________
- Residence Address: ____________________________ APT/Suite #: __________
- City: ____________________________ State: VA Zip Code: __________
- Social Security # (Last 4 digits required): ____________________________ Phone: __________

## Delivery of Ballot

- I would like my ballot delivered to:
  - ☐ Residence address from Section 3
  - ☐ Temporary address (Provide below)
  - ☐ Ballot mailing address (Provide below)
  - ☐ Address Change (Provide in Section 9 on back)

- Mailing Address: ____________________________ APT/Suite #: __________
- City: ____________________________ State: __________ Zip Code: __________

## Assistance to Vote

- ☐ I will need assistance in completing my ballot due to disability, blindness, or inability to read or write. If checked, an assistance form will be provided with ballot.

## Assistant’s Statement/Info

- I swear/affirm, under felony penalty for making willfully false material statements, that the information I have provided on this form is true and I have written on the Applicant’s signature line in Section 7 “Applicant Unable to Sign.”

- Assistant’s Full Name: ____________________________
- Assistant’s Address: ____________________________ APT/Suite #: __________
- City: ____________________________ State: __________ Zip Code: __________
- Assistant’s Signature: ____________________________

## Applicant Signature

- I swear/affirm, under felony penalty for making willfully false material statements, that (1) the information I have provided on this form is true, (2) I am not requesting a ballot or voting in any other jurisdiction in the U.S., except the jurisdiction to which this application relates, and (3) I am registered to vote in the county/city in which I am offering to vote.

- Signature (or mark if unable to sign): ____________________________ Date: __________

## Statement of Disability or Illness

- 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/illness and is likely to remain so disabled/ill for the remainder of the calendar year. I further certify that I am the applicant’s [MUST CHECK ONE]:
  - ☐ Physician
  - ☐ Provider
  - ☐ Accredited Religious Practitioner

- Physician/provider/practitioner signature: ____________________________
- Date signed: __________ Phone #: __________

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**ELECT-703.1 Rev. 4/8/20**
### 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

<table>
<thead>
<tr>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precinct: _______</td>
</tr>
<tr>
<td>Districts: ______________________________</td>
</tr>
<tr>
<td>Date this app received: __________________</td>
</tr>
</tbody>
</table>

| Precinct: _______ |
| Districts: ______________________________ |
| Date this app received: __________________ |

| Registered to vote: | Yes | No |
| Reviewed by: | ______________________________ |

| Application Accepted: | Yes | No |
| Reason denied: | ______________________________ |

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**Change of Name/Address**

(If changing registration name/address)

| Previous Full Name: ______________________________ |
| Previous Address: ______________________________ | APT/Suite #: |
| City: ______________________________ | State: _______ | Zip Code: __________________ |

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**About Temporary Addresses**: If you indicated in section 4 that absentee ballots should be delivered to a temporary address, when you return from the temporary address, you MUST notify the General Registrar by filing a revised Annual Absentee Ballot Application so that future absentee ballots will be sent to your residence. If your absentee ballot is returned as “undeliverable,” no additional absentee ballots can be sent until a new application is filed and accepted. (§ 24.2-703.1, Code of Virginia) Contact your General Registrar’s office if you have questions.

A “provider” is any person, entity, or organization, excluding an agency of the federal government by whatever name or designation, that delivers (i) services to individuals with mental illness, developmental disabilities, or substance abuse or (ii) residential services for persons with brain injury. The person, entity, or organization shall include a hospital as defined in § 32.1-123 of the Code of Virginia, community services board, behavioral health authority, private provider, and any other similar or related person, entity, or organization. It shall not include any individual practitioner who holds a license issued by a health regulatory board of the Department of Health Professions or who is exempt from licensing pursuant to §§ 54.1-3501, 54.1-3601, or 54.1-3701 of the Code of Virginia. The signature of the person who is a provider or a representative of an entity or organization that is a provider is acceptable. (§§ 24.2-703.1 and 37.2-403, Code of Virginia)

**Privacy Act Notice**: This form requires personal information. The last four (4) digits of your Social Security Number are required. Your application will be denied if you fail to provide the last four digits of your social security number or if you fail to provide any other information required to determine your qualification to vote absentee. Federal law (the Privacy Act of 1974; the Help America Vote Act of 2002) and state law (Virginia Constitution, article II, § 2; § 24.2-701, Code of Virginia; the Government Data Collection and Dissemination Practices Act) authorize collecting this information and restrict its use to official purposes only.

**WARNING**: Intentionally voting more than once in an election or making a materially false statement on this form constitutes the crime of election fraud. Intentionally voting more than once in an election is punishable under Virginia law as a Class 6 felony and is punishable by a term of imprisonment of up to five years, or confinement in jail for not more than 12 months, and/or a fine of not more than $2,500. Making a materially false statement on this form is punishable under Virginia law as a Class 5 felony and is punishable by a term of imprisonment of up to ten years, confinement in jail for not more than 12 months, and/or a fine of not more than $2,500.