



<p>Absentee Voter's Statement</p> <p>(Check One):</p>	<p>1 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__.</p> <p>(Check one):</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> This is not my first Annual Application. [Section 8 Statement of Disability or Illness is not needed for second or later Annual Applications.]</p>
<p>Party Preference</p>	<p>2 Check no more than one; if neither party is checked, primary ballots will not be sent.</p> <p><input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> I do not wish to receive ballots for Primary Elections.</p>
<p>Name; Current Address; SSN (If rural address/homeless, describe residence.)</p>	<p>3 Full Name: _____</p> <p>Residence Address: _____ APT/Suite #: _____</p> <p>City: _____ State: <u>VA</u> Zip Code: _____</p> <p>Social Security # (Last 4 digits required): _____ Phone: _____</p>
<p>Delivery of Ballot</p>	<p>4 I would like my ballot delivered to:</p> <p><input type="checkbox"/> Residence Address (Provided in Part #3) <input type="checkbox"/> Temporary Address (Provide below)</p> <p><input type="checkbox"/> Mailing Address (Provide Below). <input type="checkbox"/> Address Change (Provide in Section 9 on back)</p> <p>Mailing Address: _____ APT/Suite #: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>
<p>Assistance to Vote</p>	<p>5 <input type="checkbox"/> 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.</p>
<p>Assistant's Statement/Info (If applicant is unable to sign due to disability)</p>	<p>6 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."</p> <p>Assistant's Full Name: _____</p> <p>Assistant's Address: _____ APT/Suite #: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Assistant's Signature: _____</p>
<p>Applicant Signature</p>	<p>7 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.</p> <p>Signature (or mark if unable to sign): _____ Date: _____</p>
<p>Statement of Disability or Illness (This statement is ONLY required for the applicant's FIRST Annual Application)</p>	<p>8 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]: <input type="checkbox"/> Physician <input type="checkbox"/> Provider <input type="checkbox"/> Accredited Religious Practitioner</p> <p>Physician/provider/practitioner signature: _____</p> <p>Date signed: _____ Phone #: _____</p>

Office Use Only		
Precinct: _____	Districts: _____	Date this app received: _____
Date statement filed by physician/provider/practitioner: _____		
Registered to vote: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed by: _____	
Application Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason denied: _____	



Change of Name/Address (If changing registration name/address)	9	Previous Full Name: _____
		Previous Address: _____ APT/Suite #: _____
		City: _____ State: _____ Zip Code: _____

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.