Commonwealth of Virginia

ABSENTEE BALLOT APPLICATION

A SEPARATE FORM MUST BE SUBMITTED FOR EACH PERSON FOR EACH ELECTION

☐ I AM A REGISTERED VOTER IN THE COUNTY/CITY OF _____

I AM APPLYING TO VOTE BY ABSENTEE BALLOT IN THE FOLLOWING ELECTION . . .

☐ GENERAL OR SPECIAL *OR* ☐ DEMOCRATIC PRIMARY *OR* ☐ REPUBLICAN PRIMARY

TO BE HELD ON _____, 20 _____

OFFICE USE ONLY | APPLICATION NO.

PCT _____ DIST _____

DATE RECEIVED _____

☐ IN PERSON ☐ IN PERSON - BALLOT TO BE MAILED

☐ BY MAIL ☐ BY FAX ☐ OTHER

APPLICATION ACCEPTED ☐YES ☐NO

REASON DENIED _____

REVIEWED BY _____

BALLOTS MAILED ONLY IF PARTS A THROUGH E ARE COMPLETED. **MAXIMUM PENALTY FOR ANY FALSE STATEMENT: $2500 FINE AND/OR 10 YRS IN JAIL.**

PART A

I will be absent on election day or I cannot go to the polls because: [Check one box only in Part A. Provide required information.]

EXCEPTION: "FIRST TIME VOTERS IN VIRGINIA" who registered to vote by mail MAY VOTE BY MAIL ONLY IF THE REASON CODE IN PART A IS 1A, 2A, 6A, 6B, 6C OR 6D.

STUDENT

1A ☐ I am a student attending **OR** 1B ☐ I am the spouse of a student attending . . . .

NAME AND ADDRESS OF SCHOOL OUTSIDE MY COUNTY/CITY [REQUIRED FOR 1A AND 1B]

BUSINESS

1C ☐ I will be outside my county/city of residence on business

NAME OF EMPLOYER OR BUSINESS [REQUIRED]

PERSONAL BUSINESS OR VACATION

1D ☐ I will be traveling outside my county/city on personal business or vacation

PLACE OF TRAVEL: _____ [REQUIRED]

WORKING AND COMMUTING TO AND FROM HOME FOR 11 OR MORE HOURS BETWEEN 6:00 AM AND 7:00 PM

1E ☐ I will be working and commuting on election day

From _____ AM to _____ PM [REQUIRED]

NAME OF EMPLOYER OR BUSINESS [REQUIRED]

ADDRESS OF EMPLOYER OR BUSINESS [REQUIRED]

DISABILITY OR ILLNESS

2A ☐ I have a physical disability or physical illness

NATURE OF PHYSICAL DISABILITY OR PHYSICAL ILLNESS [REQUIRED]

CARE GIVER

2B☐ I am the primary care giver for a family member whose name is _____ [REQUIRED]

and whose illness or disability is _____ [REQUIRED]

CONFINEMENT

3A ☐ I am confined, awaiting trial, **OR**

3B ☐ I am confined, having been convicted of a misdemeanor in . . .

PLACE OF CONFINEMENT AND ADDRESS [REQUIRED FOR 3A AND 3B]

ELECTION OFFICIAL

4A ☐ I am an Electoral Board member, a Registrar, an Officer of Election, or a custodian of voting equipment

RELIGION

5A ☐ I have a religious obligation

RELIGION AND NATURE OF OBLIGATION [REQUIRED]

U.S. UNIFORMED SERVICES

6A ☐ I am on active duty in the Merchant Marine or Armed Forces, **OR**

6B ☐ I am the spouse or a dependent residing with the above 6A

BRANCH OF SERVICE, RANK, GRADE OR RATE, SERVICE ID [REQUIRED FOR 6A AND 6B]

TEMPORARILY RESIDING OUTSIDE U.S.

6C ☐ I am temporarily residing outside the continental limits of the U.S.

6D ☐ I am temporarily residing outside the continental limits of the U.S. for the purposes of employment or I am the spouse or dependent thereof

LAST DATE OF RESIDENCE IN VIRGINIA: _____

[ONLY REQUIRED IF YOUR RESIDENCE IS NO LONGER AVAILABLE TO YOU]

PART B

Ballot can be mailed only to:

- Address where you are registered, *OR*
- Address while absent from county/city

The ballot cannot be sent *"in care of"*

See Absentee Voting **IN PERSON** on reverse side and where ballot can be mailed information at left.

I am voting **BY MAIL**. Send the ballot to me at the following address . . . .

PART C

Assistance: I will need help in marking my ballot because of a physical disability, blindness, or inability to read or write.

☐ Yes ☐ NO [If *Yes*, a required form is sent with the ballot]

PART D

Absentee Voter's Statement

I declare under penalty of law that, to the best of my knowledge, . . .

- The facts contained in this application are true and correct
- I have not and will not vote in this election at any other place in Virginia or in any other state

*Printed Full Name of Absentee Voter [Required]

*Legal Virginia Residence Address [Required]

City/Town [Required] | Zip [Required]

Social Security Number [See SSN Note at lower right] | Area Code | Daytime Phone

Signature of Applicant [Required] | Date [Required]

Check here – if this is a change of NAME or ADDRESS

* ☐ Then, complete **PART F** on the reverse side of this form.

PART E

Assistant's Statement

REQUIRED ONLY IF VOTER CANNOT SIGN OR WRITE FOR REASONS STATED IN PART C

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

Printed Full Name of Witness

Address of Witness

City/Town | Zip

Signature of Assistant [18 or older]

The SSN is part of your voter record and **is requested** to assure that no other person is permitted to vote in your name. The General Registrar deletes your SSN on the copy of this document made available for public inspection. Knowingly giving any untrue information in this document is a felony under Virginia law. The maximum penalty is a fine of $2500 and/or confinement for up to ten years. You also lose your right to vote.

SBE-701 REV 7/06

INSTRUCTIONS: APPLICATION FOR ABSENTEE BALLOT

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

Complete all required information in Parts A – E, and Part F, if applicable. ***Otherwise, your application cannot be processed.***
EXCEPTION: "FIRST TIME VOTERS IN VIRGINIA" who registered to vote by mail **MAY VOTE BY MAIL ONLY IF** the reason code in Part A is **1A, 2A, 6A, 6B, 6C or 6D.**

Top of Form

- Complete the information at the top. You **must** . . .
  - be a registered voter in the locality where you are applying
  - identify the election in which you are applying

Part A

- Check only one reason for applying to vote.
- Enter the required information to support the reason. [This information **is required** by state law.]

Part B

- Print the address where your absentee ballot is to be sent, if voting by Mail. [**Note** the **restrictions** in the left-hand box.]

Part C

- Indicate if assistance **from another person** will be needed to vote the ballot. If *Yes* is checked, an **ASSISTANCE** form will be sent with the absentee ballot. The form, to be returned with the ballot, provides a legal safeguard for the voter and the assistant.

Part D

- **Absentee Voter:** Read the Statement in **Part D**. Then, print your full name, **current LEGAL** resident address, social security number and daytime telephone number. **SIGN YOUR NAME**.

  NOTE: No witness is required to be present when you sign. A signature, based on "use of power of attorney", **CANNOT** be accepted. [**Also See Part E below.**]

Part E

- **Assistant: IF THE ABSENTEE VOTER IS UNABLE TO SIGN** his/her name and complete the information in Part D **due to a physical or educational disability**, write on the voter's signature line: *"Applicant Unable to Sign"*. Then, print the voter's full name, residence address, social security number and telephone number. **Sign and complete Part E.**

Part F [BELOW]

- To remain a qualified voter, state law requires you to notify the General Registrar of a change in your name or address. Print any **new** information in **Part F** and **sign your name**. [The change will not be effective during the 28 days before a general or primary election.]

ATTENTION VOTERS:

- Apply early! Allow enough time for your application to be processed and your ballot to be mailed to you. Your voted ballot must be received by your Electoral Board before 7:00 PM on election day.
- In the next column, please provide your e-mail address, if you have one.
- Also in the next column, please provide your fax number, if you have one.

ATTENTION MILITARY and OVERSEAS VOTERS

You are encouraged to use the Federal Post Card Application (FPCA) which also serves as a voter registration application. For the form and information visit the following website: WWW.FPVA.GOV

THIS INFORMATION WILL ENABLE YOUR GENERAL REGISTRAR TO CONTACT YOU, IF NECESSARY.

ENTER YOUR E-MAIL ADDRESS BELOW

ENTER YOUR FAX NUMBER BELOW

FOR THE LATEST ELECTION INFORMATION
Visit the state website:
WWW.SBE.VIRGINIA.GOV

PLACE YOU APPLICATION IN AN ENVELOPE AND MAIL TO:

OR FAX YOUR APPLICATION TO:

PART F CHANGE OF NAME OR ADDRESS

Full Name		
IF NAME CHANGED, Former Full Name		
NEW Virginia Residence Address		
Apartment, Suite or Lot No.	Date moved from old address	
City or Town	State	Zip
New Mailing Address [if different from the third line above]		
OLD Virginia Residence Address		
City or Town	State	Zip
Signature	Social Security Number [See SSN Note on front of form]	

Absentee Voting Deadlines

ABSENTEE VOTING *BY MAIL* . . .

Application must be received in the Registrar's Office by the close of business **7 days** before election day.

Ballots will be mailed upon receipt of this application.

ABSENTEE VOTING *IN PERSON* . . .

Absentee Voting Begins:
- **45 days** (approx.) before a November election
- **30 days** (approx.) before other elections

If your application is made at least 7 days before election day, you can have ballot mailed to you.

Absentee Voting Ends:
- **5:00 p.m.** on the Saturday before election day