

Federal Post Card Application (FPCA) Voter Registration and Absentee Ballot Request

A quicker, easier to complete, electronic version of this form is also available on FVAP.gov. For any questions about this form, consult your Voting Assistance Officer or the Voting Assistance Guide available in hard copy or on FVAP.gov. Please print in black ink.

Classification

Make only 1 selection.

(In most States, you must be absent from your voting district to use this form).

1 I request an absentee ballot for all elections in which I am eligible to vote AND:

I am a member of the Uniformed Services or Merchant Marine on active duty OR I am their spouse or dependent.

I am a U.S. citizen residing outside the U.S., and I intend to return.

I am a U.S. citizen residing outside the U.S., and I do not intend to return.

I am a U.S. citizen otherwise granted military/overseas voting rights under State law (check the Voting Assistance Guide).

Political Party

2 To vote in primary elections, your State may require you to specify a political party: _____

Your legal name

3 Last name _____ Suffix _____

First name _____ Middle name _____

Previous name (if applicable) _____

Identification

Some States require your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov.

4 Sex M F Race _____ Birth date _____ / _____ / _____

State Driver's License or ID _____

OR Social Security Number _____ - _____ - _____

Contact information

Include international prefixes. No DSN number.

5 Telephone _____

Fax _____

Email _____

Alternate Email _____

Ballot receipt

6 I prefer to receive my ballot, as permitted by my State, by: Email/Online Mail Fax

(rank from 1 -3 in order of preference; be sure appropriate contact information is provided above)

U.S. address for voting purposes

Usually your last U.S. residence or your legal U.S. residence. See instructions.

7 Street Address (not P.O. Box) _____ Apt. # _____

City/Town/Village _____

County _____ State _____ Zip Code _____ - _____

Address where you live now

This is different from above. Your voting materials will be sent here, unless you specify a forwarding address in Box 9.

8 _____

Additional requirements for your State

Such as: mail forwarding address, additional phone, or other State required information. See your State's pages in the Voting Assistance Guide on FVAP.gov.

9 _____

Affirmation (REQUIRED): I swear or affirm, under penalty of perjury, that:

- I am a member of the Uniformed Services or Merchant Marine on active duty or an eligible spouse or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U.S. citizen residing outside the U.S.
- I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction.
- I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.
- My signature and date herein indicate when I completed this document.
- The information on this form is true and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Signature _____ Print this form, sign, and send in.

Today's date _____ / _____ / _____

Witness signature / date if required by your State
See the Voting Assistance Guide on FVAP.gov.

Signature _____

Date _____