Voter Registration and Absentee Ballot Request

Federal Post Card Application (FPCA)

Print clearly in blue or black ink, please see back for instructions.

This form is for absent Uniformed Service members, their families, and citizens residing outside the United States. It is used to register to vote, request an absentee ballot, and update your contact information. See your state's guidelines at FVAP.gov.

| 1. Who are you? Pick | one. | | | | | | | | | | |
|---|--|---|---|---|--|------------------------------------|-------------------|-----------------------------|----------------------|---------------------|---------------------|
| I request an absentee ballot for all elections in which I am eligible to vote AND: | □ I am a □ I am a | U.S. citizen l | living out living out | Iniformed Ser tside the cour tside the cour tside the cour | ntry, and I int ntry, and my | end to returi intent to retu | n. ırn is un | certain. | J | spouse o | r dependent ☐ Miss |
| Last name | | | | | Suffix (Jr., | , II) | | | | ☐ Mrs. | ☐ Ms. |
| First name | | | | | Previous r | names (if app | olicable) | | | | |
| Middle name | | | | | Birth date | (MM/DD/YY | YY) | | / | / | |
| Social Security Number | | | | | Driver's lic | cense or Stat | e ID# | | | | |
| 2. What is your addre | ss in the | U.S. state o | or territo | ory where y | ou are regis | stering to v | ote and | request | ing ar | n absente | ee ballot? |
| Your voting materials wil | ll not be se | nt to this add | dress. Se | ee instruction | s on other sid | de of form. | | | | | |
| Street address | | | | | | | Apt # | | | | |
| City, town, village | | | | | | | State | | | | |
| County | | | | | | | ZIP | | | | |
| 3. Where are you nov | v? You MI | JST give yo | our CURF | RENT addre | ss to receiv | e your voti | ng mat | erials. | | | |
| Your mailing address. (D | ifferent fro | om above) | | | Your mail f | forwarding a | ddress. (| (If differer | t from | mailing a | iddress) |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| 4. What is your conta | ct inform | ation? This | is so ele | ection offici | als can reac | ch you abou | ıt your | request. | | | |
| Provide the country code | e and area | code with yo | our phone | e and fax nun | nber. Do not | use a Defens | se Switch | ned Netwo | ork (DS | SN) numb | er. |
| Email: | | | | | Phone: | | | | | | |
| Alternate email: | | | | | Fax: | | | | | | |
| 5. What are your pref | | 1- | ng electi | ions? | | | | | | | |
| A. How do you want to rec voting materials from you election office? (Select On | r 🗆 🛭 | mail or onlin | ne | | | your politica y elections? | al party | | | | |
| 6. What additional inf | | | | | | | | | | | |
| Puerto Rico and Vermon may also use this space | | | | | ructions. <i>Add</i> | ditional state | guideline | <i>es</i> may be | found | at FVAP. | jov. You |
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| 7. You must read and | | | | | | | | | | | |
| I swear or affirm, und The information on this completion of this docur I am a U.S. citizen, at le I am not disqualified to incompetent; or if so, m | form is true ment may c ast 18 year vote due to y voting rig | e, accurate, all constitute grous of age (or which having been gotten between gotten been | and comple ounds for c will be by t convicted on reinstat | conviction of p the day of the d of a felony or ted; and | erjury. election), elig r other disqua | ible to vote in lifying offense | the reque, nor ha | uested juris ve I been a | sdictior adjudica | n, and ated ment | ally |
| I am not registering, red | questing a l | allot, or votir | ng in any o | other jurisdict | ion in the Unit | ted States, ex | cept the | jurisdiction | n cited | in this vot | ing form. |
| Sign here X | | | | | | | | y's date | | / | / |

You can vote wherever you are.

1. Fill out your form completely and accurately.

- Your U.S. address is used to determine where you are eligible to vote absentee. For military voters, it is usually your last address in your state of legal residence. For overseas citizens, it is usually the last place you lived before moving overseas. You do not need to have any current ties with this address. DO NOT write a PO Box # in section 2.
- Most states allow you to provide a Driver's License number or the last 4 digits of your SSN. New Mexico, Tennessee, and Virginia require a full SSN.
- If you cannot receive mail at your current mailing address, please specify a mail forwarding address.
- Many states require you to specify a political party to vote in primary elections. This information may be used to register you with a party.
- Section 6 Requirements: If your voting residence is Vermont, you must acknowledge the following by writing in section 6: "I swear or affirm that I have taken the Vermont Voter's Oath."
 If your voting residence is in Puerto Rico, you must list your mother's and father's first name.
- We recommend that you complete and submit this form every year while you are an absentee voter.

2. Remember to sign this form!

3. Return this form to your election official. You can find their contact information at FVAP.gov.

- Remove the adhesive liner from the top and sides. Fold and seal tightly. If you printed the form, fold it and seal it in an envelope.
- All states accept this form by mail and many states accept this form by email and fax. See your state's guidelines at FVAP.gov.

Agency Disclosure Statement

The public reporting burden for this collection of information, OMB Control Number 0704-0503, is estimated to average 15 mintues per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. DO NOT SUBMIT YOUR FORM TO THE E-MAIL ADDRESS ABOVE.

Privacy Advisory

When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.

Questions? Email: vote@fvap.gov

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| l in the address of your election office. e address can be found online at FAAP.gov.) |
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NO POSTAGE NECESSARY IN THE U.S. MAIL - DMM 703.8.0

OFFICIAL ABSENTEE BALLOTING MATERIAL – FIRST CLASS MAIL



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From (Your name and mailing address)