

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.

<p>Classification Make only 1 selection. (In most States, you must be absent from your voting district to use this form).</p>	1	<p>I request an absentee ballot for all elections in which I am eligible to vote AND:</p> <p><input type="checkbox"/> I am a member of the Uniformed Services or Merchant Marine on active duty OR <input type="checkbox"/> I am their spouse or dependent.</p> <p><input type="checkbox"/> I am a U.S. citizen residing outside the U.S., and I intend to return.</p> <p><input type="checkbox"/> I am a U.S. citizen residing outside the U.S., and I do not intend to return.</p> <p><input type="checkbox"/> I am a U.S. citizen otherwise granted military/overseas voting rights under State law (check the Voting Assistance Guide).</p>
<p>Political Party</p>	2	<p>To vote in primary elections, your State may require you to specify a political party: <input style="width: 150px;" type="text"/></p>
<p>Your legal name</p>	3	<p>Last name <input style="width: 250px;" type="text"/> Suffix <input style="width: 100px;" type="text"/></p> <p>First name <input style="width: 200px;" type="text"/> Middle name <input style="width: 150px;" type="text"/></p> <p>Previous name (if applicable) <input style="width: 400px;" type="text"/></p>
<p>Identification Some States require your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov.</p>	4	<p>Sex <input type="checkbox"/> M <input type="checkbox"/> F Race <input style="width: 100px;" type="text"/> Birth date <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p style="text-align: center; font-size: small;">See instructions</p> <p>State Driver's License or ID <input style="width: 100px;" type="text"/></p> <p>OR Social Security Number <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>
<p>Contact information Include international prefixes. No DSN number.</p>	5	<p>Telephone <input style="width: 200px;" type="text"/></p> <p>Fax <input style="width: 200px;" type="text"/></p> <p>Email <input style="width: 400px;" type="text"/></p> <p>Alternate Email <input style="width: 400px;" type="text"/></p>
<p>Ballot receipt</p>	6	<p>I prefer to receive my ballot, as permitted by my State, by: <input type="checkbox"/> Email/Online <input type="checkbox"/> Mail <input type="checkbox"/> Fax (rank from 1 -3 in order of preference; be sure appropriate contact information is provided above)</p>
<p>U.S. address for voting purposes Usually your last U.S. residence or your legal U.S. residence. See instructions.</p>	7	<p>Street Address (not P.O. Box) <input style="width: 350px;" type="text"/> Apt. # <input style="width: 50px;" type="text"/></p> <p>City/Town/Village <input style="width: 450px;" type="text"/></p> <p>County <input style="width: 150px;" type="text"/> State <input style="width: 30px;" type="text"/> Zip Code <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>
<p>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.</p>	8	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>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.</p>	9	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>

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 _____