

# Voter Registration and Absentee Ballot Request

Federal Post Card Application (FPCA)

States and territories accept this form to register to vote, request an absentee ballot, and update contact information.

See your State instructions at [FVAP.gov](http://FVAP.gov).

## 1. Who are you?

- I am on active duty in the Uniformed Services or Merchant Marine - OR -  I am an eligible spouse or dependent.
- I am an activated National Guard member on State orders.
- I am a U.S. citizen living outside the country, and I intend to return.
- I am a U.S. citizen living outside the country, and my return is uncertain.
- I am a U.S. citizen living outside the country, and I have never lived in the United States.

First name	Suffix (Sr., Jr., II)
Middle name	Previous names (if needed)
Last name	Birth date (MM/DD/YYYY) / /
Social Security Number _____ - OR -	Driver's license or State ID

Only the last 4 digits are needed; except for Hawaii, New Mexico, South Carolina, Tennessee, and Virginia.

## 2. What is your address in the State or territory where you are registering to vote or requesting a ballot?

Your voting materials will not be sent to this address.

Street (Not P.O. box)	Apt. number
City, town, village	County
State	ZIP

## 3. Where are you now? You must give your CURRENT contact information to receive your voting materials.

Your current address.	If your mailing address is different, fill it in here.
_____	_____
_____	_____
_____	_____
_____	_____

Contact information: So election officials can reach you if there is a problem with your request.	Email	➔	_____
	Alternate email	➔	_____
	Phone: Include country and area codes. Not DSN.	➔	_____
	Fax: Include country and area codes. Not DSN.	➔	_____

## 4. What is your voting preference?

How do you want to receive your ballot from your election office?	<input type="checkbox"/> Email or online <input type="checkbox"/> Mail <input type="checkbox"/> Fax	Your political party for primary elections.
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## 5. What additional information must you provide?

The following need more information: Alaska, Arizona, Puerto Rico, South Dakota, Vermont, and Virginia. See the *Voting Assistance Guide* online at [www.fvap.gov/vao/vag](http://www.fvap.gov/vao/vag). You may also use this space to clarify your voter information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. You must read and sign this statement.

- I swear or affirm, under penalty of perjury, that:
- The information on this form is true, accurate, 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.
  - I am a U.S. citizen, am at least 18 years of age (or will be by the day of election), eligible to vote in the requested jurisdiction, and
  - I am not disqualified to vote due to having been convicted of a felony or other disqualifying offense, nor have I been adjudicated mentally incompetent; or if so, my voting rights have been reinstated; and
  - I am not registering, requesting a ballot, or voting in any other jurisdiction in the United States, except the jurisdiction cited in this voting form.

Sign here **X**

Today's date / /

# You can vote wherever you are.

Use this form to register to vote, request an absentee ballot, and update your contact information.



## 1. Fill out your form completely and accurately.

Print clearly in black ink.



## 2. Be sure to sign it!



## 3. Remove the adhesive liner from the top and sides of this form. Fold and seal tightly.

Write your name and mailing address on the front, then fill in the address of your election office. The address can be found online at [FVAP.gov](http://FVAP.gov). All States accept this form by mail, but vary on email and fax. See your State's rules in the *Voting Assistance Guide* online at [FVAP.gov](http://FVAP.gov).

**Questions? Email [vote@fvap.gov](mailto:vote@fvap.gov)**

### Agency Disclosure Statement

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including time to review instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Dr., East Tower, Suite 02G09, Alexandria, VA 22350-3100. [OMB Control #0704-0503]. 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 RETURN YOUR FORM TO THE ADDRESS ABOVE.**

### Privacy Act Statement

**Authority:** The authority to collect your personal information on this form comes from 52 U.S.C. § 20301, "Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)."

**Principal purpose:** This form serves as an application for registration and/or request an absentee ballot for all persons covered by UOCAVA.

**Routine use(s):** There is no retention of this information by the Federal government. Completed forms are sent by you to an appropriate State election official.

**Disclosure:** Your disclosure of personal information is voluntary. However, failure to provide the requested personal information may keep the pertinent jurisdiction from processing this request and may prevent you from voting absentee.

### From

(Your name and current complete military or overseas mailing address)

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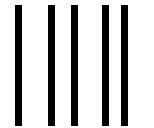
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International airmail postage is required if not mailed using the U.S. Postal Service, APO/FPO/DPO system or diplomatic pouch.



U.S. Postage Paid  
39 USC 3406

PAR AVION



OFFICIAL VOTING INFORMATION MATERIAL - FIRST CLASS MAIL

No postage necessary in the U.S. Mail - DMM 703.8.0

### To

(Fill in the address of your election office. The address can be found online at [FVAP.gov](http://FVAP.gov).)

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