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 I am on active duty in ballot for all elections I am a U.S. citizen livir in which I am eligible I am a U.S. citizen livir	the Uniformed Services or Merchant Marine -OR- \square I am an eligible spouse or dependence of outside the country, and I intend to return. In outside the country, and my intent to return is uncertain. In outside the country, I have never lived in the United States.
Last name	Suffix (Jr., II) Mr. Miss Mrs. Ms.
First name	Previous names (if applicable)
Middle name	Birth date (MM/DD/YYYY)
Social Security Number	Driver's license or State ID#
2. What is your address in the U.S. state or term	ritory where you are registering to vote and requesting an absentee ballot?
Your voting materials will not be sent to this add	ress. See instructions on the other side of form.
Street address	Apt #
City, town, village	State
County	ZIP
3. Where are you now? You MUST give your C	URRENT address to receive your voting materials.
Your mailing address. (Different from above)	Your mail forwarding address. (If different from mailing address)
	r phone and fax number. Do not use a Defense Switched Network (DSN) number. Phone:
Alternate email:	Fax:
5. What are your preferences for upcoming eleA. How do you want to receive ☐ Mail	B. What is your political party
voting materials from your ☐ Email or online election office? (Select One) ☐ Fax	e for primary elections?
6. What additional information must you provide	de?
Puerto Rico and Vermont require more information may also use this space to clarify your voter information.	on, see back for instructions. <i>Additional state guidelines</i> may be found at FVAP.gov. You rmation.
7. You must read and sign this statement. I swear or affirm, under penalty of perjury, t	hat.
	e, and complete to the best of my knowledge. I understand that a material misstatement of fact
■ 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, and
incompetent; or if so, my voting rights have	,
I am not registering, requesting a ballot, or	voting in any other jurisdiction in the United States, except the jurisdiction cited in this voting for
Sign here X	Today's date (MM/DD/YYYY)

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 minutes 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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ddress of your election office.	(Fill in the a

NO POSTAGE NECESSARY IN THE U.S. MAIL - DMM 703.8.0

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST CLASS MAIL



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

NOIVA AA9

U.S. Postage Paid 39 USC 3406



(Your name and mailing address)

From