

### REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

**1. I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE AND I AM (Mark only one):**

- (a) A MEMBER OF THE UNIFORMED SERVICES OR MERCHANT MARINE ON ACTIVE DUTY, OR AN ELIGIBLE SPOUSE OR DEPENDENT
- (b) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. TEMPORARILY
- (c) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. INDEFINITELY

**2. MY INFORMATION (Required)**

|   |         |                                     |                                  |   |  |  |
|---|---------|-------------------------------------|----------------------------------|---|--|--|
| a. TYPED OR PRINTED NAME (Last, First, Middle)                          |         |                                     |                                  | SUFFIX (Jr., Sr., III, etc.)                                      | b. PREVIOUS NAME (if applicable)         |  |
| c. SEX<br><input type="checkbox"/> M <input type="checkbox"/> F         | d. RACE | e. DATE OF BIRTH<br>M M D D Y Y Y Y | f. SOCIAL SECURITY NUMBER<br>- - |   | g. STATE DRIVER'S LICENSE OR I.D. NUMBER |  |
| h. TELEPHONE NUMBER (No DSN number; include all international prefixes) |         |                                     |                                  | i. FAX NUMBER (No DSN number; include all international prefixes) |  |  |
| j. EMAIL ADDRESS  |         |                                     |                                  |   |  |  |

**3. MY VOTING RESIDENCE ADDRESS (Required) (Military, use legal residence. Overseas citizens, use last legal residence in U.S.)**

|   |  |           |  |          |             |
|---|--|-----------|--|----------|-------------|
| a. NUMBER AND STREET (Cannot be a P.O. Box) |  |           |  |          |             |
| b. CITY, TOWN OR VILLAGE                    |  | c. COUNTY |  | d. STATE | e. ZIP CODE |

**4. WHERE TO SEND MY VOTING MATERIALS**

|   |  |
|---|--|
| a. MY CURRENT ADDRESS (Where I live now) (Required) | b. MY FORWARDING ADDRESS (NOTE: Complete 4b. only if you do not want your ballot mailed to the address in Block 4a.) |
|   |  |
|   |  |

c. I PREFER TO RECEIVE MY ABSENTEE BALLOT, AS PERMITTED BY MY STATE, BY:  MAIL  FAX  EMAIL

**5. MY POLITICAL PARTY PREFERENCE (Optional, but may be required by states to register to vote in primary elections):**

**6. ADDITIONAL INFORMATION (Designate the period for which you want to receive ballots - see instructions for Block 6, paragraph (3). Consult the Voting Assistance Guide for other specific state instructions.)**

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**7. AFFIRMATION (Required)**

I swear or affirm, under penalty of perjury, that:

1. 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., and
2. 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
3. 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, and
4. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., and
5. My signature and date below indicate when I completed this document, and
6. 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 M M D D Y Y Y Y (Witness/Notary and address (if required)) M M D D Y Y Y Y