★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Commonwealth of Virginia

EMERGENCY ABSENTEE BALLOT APPLICATION

Emergency Travel for Business, Hospitalization, or Death in Immediate Family

§§24.2-700,24.2-701,24.2-704 and 24.2-705 Code of Virginia

Emergency Travel or Individual Designated an Officer of Election — **1a**

I hereby affirm that I am registered and qualified to vote in the above-named county or city and did not learn about the required travel until after 12:00 PM on the Saturday immediately before election day; and: (Check one and provide additional information, if required):

☐ I have been assigned as an Officer of Election to a precinct other than where I voted in my County or City.

☐ I must travel outside my county or city before 6:00 AM on Election Day for the following reason:

- ☐ For a purpose relating to my business, profession or occupation
- ☐ I will be hospitalized later today or on Election Day
- ☐ A member of my immediate family is in or will be in the hospital
- ☐ A member of my immediate family has died

If you qualify to vote under this section, *you must VOTE IN PERSON on the day prior to the Election, Before **2:00 PM**.*

Hospitalized, Illness, Death, or Other Emergency — **1b**

Application must be requested by 2:00 PM on the day before Election Day, and the completed application must be returned to your General Registrar's office by 5:00 PM on the same day.

☐ I was unable to apply for an absentee ballot by the deadline due to my hospitalization or illness, or the hospitalization, illness, or death of an immediate family member.

☐ I was unable to apply for an absentee ballot by the deadline due to the following emergency: _____

☐ I will be unable to vote in person on Election Day due to my hospitalization or illness, or the hospitalization, illness, or death of an immediate family member that occurred after the deadline to apply for an absentee ballot.

☐ I will be unable to vote in person on Election Day due to the following emergency that occurred after the deadline to apply for an absentee ballot: _____

☐ I applied to receive an absentee ballot by the deadline but did not receive my ballot within 10 days of the election and will be unable to vote on election day due to my hospitalization or illness, the hospitalization, illness, or death of a spouse, child, or parent.

☐ I applied to receive an absentee ballot by the deadline but did not receive my ballot within 10 days of the election and will be unable to vote on election day due to the following emergency: _____

Election Type — **2**

I am completing this application to vote in a:

☐ General or Special Election ☐ Democratic Primary Election ☐ Republican Primary Election

Name; Current Address; SSN (If rural address /homeless, describe residence.) — **3**

Full Name: _____

Residence Address: _____ (APT/Suite #: _____)

City: _____ State: VA Zip Code: _____

Social Security # (Last 4 digits required): _____ Phone: _____

Assistance to Vote — **4**

☐ I will need assistance in completing my ballot due to disability, blindness, or inability to read or write. If checked, an assistance form will be provided with ballot.

Authorization of Designated Representative (If needed) — **5**

I hereby designate the individual named here as my representative to receive my absentee ballot, deliver it to me, and return it. This person is at least 18 years old and is neither an elected official nor a candidate for elected office nor the deputy, spouse, parent, or child of an elected official or candidate. [The Registrar will give this person a separate form that must be completed and returned along with my voted ballot.]

Name of Designated Representative: _____

Assistant's Statement/Info (If applicant is unable to sign due to disability) — **6**

Check only all that apply: ☐ Assistant ☐ Designated Representative

I swear/affirm, under felony penalty for making willfully false material statements, that the information I have provided on this form is true and I have written on the Applicant's signature line in Section 7 **"Applicant Unable to Sign."**

Assistant's Full Name: _____

Assistant's Address: _____ APT/Suite #: _____

City: _____ State: _____ ZIP Code: _____

Assistant's Signature: _____

Applicant Signature — **7**

I swear/affirm, under felony penalty for making false statements, that to the best of my knowledge and belief the facts contained in this form are true and correct, I am not requesting a ballot or voting in any other jurisdiction in the United States, and I am registered to vote in the county/city in which I am offering to vote.

Signature (or mark if unable to sign): _____ Date: _____

Office Use Only

Precinct: _____ Districts/Senate/House: _____ Application #: _____

Time app received: _____ ☐ AM ☐ PM Date received: _____ Reviewed by: _____

Registered to vote: ☐ YES ☐ NO Application Accepted: ☐ YES ☐ NO Reason not accepted: _____

★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Commonwealth of Virginia

EMERGENCY ABSENTEE BALLOT APPLICATION

Emergency Travel for Business, Hospitalization, or Death in Immediate Family

§§24.2-700,24.2-701,24.2-704 and 24.2-705 Code of Virginia

EMERGENCY ABSENTEE BALLOT APPLICATION - INSTRUCTIONS

You may use this form if you were unable to apply for an absentee ballot by the deadline due to your hospitalization or illness, or the hospitalization, illness, or death of a spouse, child, or parent.

ABSENTEE VOTER'S STATEMENT

- **Check only one box in** either (Section 1a or Section 1b) and enter information required.
- **Enter name of your designated representative** (If needed).
- **Read the oath** ("I declare...") and **print** your **full name, residence address, social security number (last four digits required)** and a daytime phone number where you can currently be reached.
- **Sign and date**. If you cannot sign or write, your designated representative must enter **"applicant cannot sign"** on the signature line. The box in section 4 of the form indicating that you will need assistance in marking your ballot must also be checked.
- Your **designated representative** must see you sign the form, print his/her name and address and sign.

An "**Immediate family**" means the children, grandchildren, grandparents, parents, siblings, and spouse of the applicant.

Privacy Act Notice: This form requires personal information. The last four (4) digits of your Social Security Number are required. Your application will be denied if you fail to provide the last four digits of your social security number or if you fail to provide any other information required to determine your qualification to vote absentee. Federal law (the Privacy Act of 1974; the Help America Vote Act of 2002) and state law (Virginia Constitution, article II, § 2; § 24.2- 701, Code of Virginia; the Government Data Collection and Dissemination Practices Act) authorize collecting this information and restrict its use to official purposes only.

WARNING: Intentionally voting more than once in an election or making a materially false statement on this form constitutes the crime of election fraud. Intentionally voting more than once in an election is punishable under Virginia law as a Class 6 felony and is punishable by a term of imprisonment of up to five years, or confinement in jail for not more than 12 months, and/or a fine of not more than $2,500. Making a materially false statement on this form is punishable under Virginia law as a Class 5 felony and is punishable by a term of imprisonment of up to ten years, confinement in jail for not more than 12 months, and/or a fine of not more than $2,500.

DEADLINES

- You or your representative must download this form from the Department of Elections website, or request this application from your local voter registration office before 2:00 PM **on the day before the election.** It must be delivered to you by the person you designate as your representative. [The request for the application may be by phone or other means, and the registrar may fax the application to your representative, upon request.]
- Your representative must **personally return this completed application** to the general registrar's office **no later than 5:00 p.m. on the day before the election**, deliver your ballot to you, and return your ballot to the local electoral board according to the instructions provided with the ballot.
- **Your representative will also receive a form** with the ballot that he/she must complete and sign stating that the instructions for the representative were followed. This form must be returned with your voted ballot, following the instructions provided with the ballot.
- If the box was checked on this application indicating that you would need assistance in marking your ballot, a **separate assistance form** will also be given to your representative with your ballot. The person who helps you mark the ballot must complete this form, and it also must be returned with your voted ballot following the instructions.