



To be used to request a replacement absentee ballot

The completed form must be received by the General Registrar of your county or city no later than the close of business of that office on the Saturday before election day.

PART I	STATEMENT OF VOTER
<p>I, the undersigned in Part II below, hereby affirm that:</p> <ul style="list-style-type: none"> • I applied for an absentee ballot because I will be unable to go to the polls in person on election day due to my disability, illness or pregnancy. • [check one] <input type="checkbox"/> I did not receive my absentee ballot. OR <input type="checkbox"/> I received but lost my absentee ballot. • I am a citizen of the United States who is registered and qualified to vote in the county/city of _____, Virginia; • [check one] <ul style="list-style-type: none"> <input type="checkbox"/> I am now, or have been at some time since last year's November general election, a legal Virginia resident of the address listed in Part II below: OR <input type="checkbox"/> I have been a legal resident of this precinct at some time since the second preceding federal general election and have been and continue to be a resident of this county or city and this congressional district; OR <input type="checkbox"/> I have moved my residence from the Commonwealth less than thirty days ago and only request a Presidential ballot only. • The individual named here is at least 18 years of age, is not an elected official nor a candidate for elected office nor the deputy, spouse, parent or child of an elected official or candidate, and is designated as my representative to receive my absentee ballot, deliver it to me, and return it, as instructed, no later than the close of polls on election day: <p style="text-align: right; margin-right: 50px;">_____</p> <p style="text-align: center;">Name of Designated Representative [Print]</p>	

PART II	Absentee Voter's Statement	REQUIRED
I declare under felony penalty that, to the best of my knowledge, the facts contained in this application are true and correct, and that I have not, and will not vote in this election at any other place in Virginia or in any other state.		
Full Name of Absentee Voter [Print]		
Legal Virginia Residence Address [Print]		
City/Town [Print]		Zip
Social Security Number (last 4 digits required)	Area Code	Daytime Phone
Signature of Absentee Voter		

PART III	Assistant's Statement	Required only if voter unable to sign due to disability or inability to read or write.
I declare, under penalty of law, that:		
<ul style="list-style-type: none"> • I have written on voter's signature line in Part II: "Applicant Unable to Sign" • I have signed and provided requested information below 		
Full Name of Assistant [Print]		
Address of Assistant [Print]		
City/Town [Print]		Zip
Signature of Assistant		

Privacy Act Notice: This form requires your social security number for identification and to prevent fraud. Your application will be denied if you fail to provide your social security number or any other information necessary to determine your qualification to vote. Federal law (the Privacy Act and Help America Vote Act) and state law (the Virginia Constitution, Article II, § 2, Title 24.2 of the Code of Virginia and the Government Data Collection and Dissemination Practices Act) authorize collecting this information and restrict its use to official purposes only.
WARNING: INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IN PRISON, OR UP TO 12 MONTHS IN JAIL AND/OR FINED UP TO \$2,500.

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