

[insert GRs office contact information here] You can find contact information for your local general registrar using the Department of Elections' local voter registration lookup tool: <https://vote.virginia.elections.gov/VoterInformation/PublicContactLookup>

VOTER REGISTRATION ELIGIBILITY FORM

IMPORTANT INFORMATION

- You are receiving this document because you indicated on the Virginia Voter Registration Application that you have either been convicted of a felony and/or have been judged mentally incapacitated by a Circuit Court (lacking the capacity to understand the act of voting) and you have not had your voting rights restored. Therefore, additional information is needed to determine if you are eligible to register to vote.
- **Complete this form and return it as soon as possible to the Office of the General Registrar** by mail, email, or in person. Contact information for the General Registrar's Office is provided at the top of this form.

1. Applicant Information

*Last 4 digits of SSN:	*Last Name:	*First Name:	Suffix (if applicable):
*Date of Birth (MM/DD/YYYY)	Other Names (Aliases, Nicknames, Maiden Names, etc.):		

2. Mental Incapacity and Felony Convictions

Has a court of law declared you mentally incapacitated and found that you lack the capacity to understand the act of voting?
 Yes No

If you answered **yes** and have no history of felony convictions, proceed to **Section 4. Affirmation**. If you answered **no**, complete the rest of this form.

Have you been convicted of a felony?
 Yes No

If you answered **yes**, complete the rest of this form. If you answered **no**, proceed to **Section 4. Affirmation**.

3. Offense Information - Provide information for **ALL** felony convictions you have received with your most recent conviction first. If you need more room, you may attach additional pages to this form including any associated court documents, if preferred.

Offense: _____ <small>(e.g. Manslaughter)</small>	Citation: _____ <small>(e.g. Va. Code § 18.2-30)</small>	Conviction Date: ___/___/___	
Conviction Jurisdiction:	<input type="checkbox"/> Federal	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other state _____
	If you selected "Virginia", list the city/county of your conviction: _____		
Conviction Reason:	<input type="checkbox"/> Plea agreement	<input type="checkbox"/> Verdict by judge or jury	

Has your right to vote been restored?

Yes

No

I don't know

Not sure if your rights have been restored? You can search the status of your restoration at: restore.virginia.gov

Additional Comments (optional):

Offense: _____
(e.g. Manslaughter)

Citation: _____
(e.g. Va. Code § 18.2-30)

Conviction Date: ___/___/___

Conviction Jurisdiction:

Federal

Virginia

Other state _____

If you selected "Virginia", list the city/county of your conviction: _____

Conviction Reason:

Plea agreement

Verdict by judge or jury

Has your right to vote been restored?

Yes

No

I don't know

Not sure if your rights have been restored? You can search the status of your restoration at: restore.virginia.gov

Additional Comments (optional):

4. Affirmation

*I swear/affirm, to the best of my knowledge, under felony penalty for making willfully false material statement or entries, that the information provided on this form is true.

*Signature Required: _____ Date: _____

WARNING: 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 UP TO 10 YEARS IN PRISON, OR UP TO 12 MONTHS IN JAIL AND/OR FINED UP TO \$2,500.

Additional page — provide as many as necessary to capture all felony convictions

Name: _____

Offense: _____ <i>(e.g. Manslaughter)</i>	Citation: _____ <i>(e.g. Va. Code § 18.2-30)</i>	Conviction Date: ____/____/____	
Conviction Jurisdiction:	<input type="checkbox"/> Federal	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other state _____
	<i>If you selected "Virginia", list the city/county of your conviction:</i> _____		
Conviction Reason:	<input type="checkbox"/> Plea agreement	<input type="checkbox"/> Verdict by judge or jury	
Has your right to vote been restored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
<i>Not sure if your rights have been restored? You can search the status of your restoration at: restore.virginia.gov</i>			
Additional Comments (optional):			

Offense: _____ <i>(e.g. Manslaughter)</i>	Citation: _____ <i>(e.g. Va. Code § 18.2-30)</i>	Conviction Date: ____/____/____	
Conviction Jurisdiction:	<input type="checkbox"/> Federal	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other state _____
	<i>If you selected "Virginia", list the city/county of your conviction:</i> _____		
Conviction Reason:	<input type="checkbox"/> Plea agreement	<input type="checkbox"/> Verdict by judge or jury	
Has your right to vote been restored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
<i>Not sure if your rights have been restored? You can search the status of your restoration at: restore.virginia.gov</i>			
Additional Comments (optional):			

