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	am on active duty in the Uniformed Ser am a U.S. citizen living outside the cour am a U.S. citizen living outside the cour am a U.S. citizen living outside the cour	ntry, and I intend to r ntry, and my intent to	eturn. return is uncertain.	gible spouse or dependent.	
Last name	and c.e. sitten hving cutside the cod	Suffix (Jr., II)	or in the entired states.	☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms.	
First name		Previous names (if applicable)		
Middle name		Birth date (MM/D	D/YYYY)		
Social Security Number		Driver's license or	r State ID#		
2. What is your address in	the U.S. state or territory where you	are registering to vot	e and requesting an abs	entee ballot?	
Your voting materials will n	ot be sent to this address. See instructi	ions on the other side	of form.		
Street address			Apt #		
City, town, village			State		
County			ZIP		
3. Where are you now? You	ou MUST give your CURRENT address	s to receive your voti	ing materials.		
Your mailing address. (Diffe	erent from above)	Your mail forward	ling address. (If different t	from mailing address)	
	formation? This is so election officials			(DSN) number.	
Email:		Phone:			
Alternate email:		Fax:			
	ces for upcoming elections?				
A. How do you want to rece voting materials from your election office? (Select One	☐ Email or online	B. What is your politifor primary elections			
6. What additional informa					
Puerto Rico and Vermont require more information, see back for instructions. <i>Additional state guidelines</i> may be found at FVAP.gov. You may also use this space to clarify your voter information.					
7 Ven must reed and sign	this statement				
7. You must read and sign I swear or affirm, under	penalty of perjury, that:				
■ The information on this form is true, accurate, 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.					
	at least 18 years of age (or will be by the d I to vote due to having been convicted of a				
incompetent; or if so	o, my voting rights have been reinstated; a , requesting a ballot, or voting in any other	nd		,	
		- "	Today's date	_	
Sign here X			(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 Act 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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(rin in the address of your election office. The address can be found online at FAAP.gov.)

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)