## Voter Registration and Absentee Ballot Request Federal Post Card Application (FPCA)

For any questions about this form, consult the Voting Assistance Guide available in hard copy or on FVAP.gov or your Voting Assistance Officer.

For absent Uniformed Se	ervice i	nembers, their families, and citizens residing outside the U.S.	Please print in black ink.
Classification Make only 1 selection. (In most States, you must be absent from your voting district to use this form).	1	I request an absentee ballot for all elections in which I am eligible to vote AND:  ☐ I am a member of the Uniformed Services or Merchant Marine on active duty OR ☐ I am an eligible to vote AND:  ☐ I am an activated National Guard member on State orders.  ☐ I am a U.S. citizen residing outside the United States, and I intend to return.  ☐ I am a U.S. citizen residing outside the United States, and my return is not certain.  ☐ I am a U.S. citizen and have never resided in the United States.	eligible spouse or dependent.
Political party	2	Your State may require you to specify a political party to vote in primary elections:	
Legal name	3	Last name  First name Middle name  Previous name (if applicable)	Suffix
Identification Some States require your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov.	4	State Driver's License or ID  OR Social Security Number  Birth date  M M D D Y Y Y Y Y  Sex M F Race	ee instructions
Contact information Include international prefixes. No DSN numbers.	5	Telephone Fax Email	
Ballot receipt	6	Rank from 1-3 in order of preference; be sure appropriate contact information is provided above.  I prefer to receive my ballot, as permitted by my State, by: Email/Online Mail	l Fax
Voting residence address		Street Address (not P.O. Box)	Apt. #
Usually your last U.S. residence or your legal U.S. residence. See instructions.	7	City/Town/Village  County  State  Zip Code	
Usually your last U.S. residence or your legal U.S.	8	-   -	
Usually your last U.S. residence or your legal U.S. residence. See instructions.  Where to send my ballot  This is your current mailing address and should be different from above. If required, place a forwarding		-   -	
Usually your last U.S. residence or your legal U.S. residence. See instructions.  Where to send my ballot  This is your current mailing address and should be different from above. If required, place a forwarding address in Box 9.  Additional requirements for your State  Such as: mail forwarding address, additional email address/phone number, or other State required information. See Voting Assistance Guide.  Affirmation (REQ  • The information on this for knowledge. I understand the document may constitute gr  • I am a U.S. citizen, at leas eligible to vote in the requese.  • I am not disqualified to vote	9 UIRE rm is tru at a marounds t 18 yes ted jur ie due t ave I be	County  State  Zip Code  D): I swear or affirm, under penalty of perjury, that:  It is, accurate, and complete to the best of my terial misstatement of fact in completion of this for conviction of perjury.  It is statement of fact in completion of this for conviction of perjury.  It is statement of fact in completion of this for conviction of perjury.  It is statement of fact in completion of this for conviction of perjury.  Today's date  Witness signature / date if requirement adjudicated mentally incompetent; or if so, my	

• I am not registering, requesting a ballot, or voting in any other jurisdiction in the United States, except the jurisdiction cited in this voting form.

Date

## **Instructions** for Federal Post Card Application Voter Registration and Absentee Ballot Request

The gray numbers and instructions below correspond to the gray numbered boxes on the face of the form.

- The classification you choose may determine in which election(s) you will be allowed to vote. Choose the one that best represents your current situation.
- If you want to vote in primary elections, most States require you to specify a political party. Check your State's pages in the Voting Assistance Guide on FVAP.gov to see if your State requires you to specify a political party.
- The information you enter for your name should match the information you normally put on legal or official forms. For example, it should be the same name that appears on your Driver's License or other government-issued ID.
- While most States allow you to enter either your Driver's License number or the last 4 digits of your Social Security Number, some will invalidate this form without your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov to see if your State requires the full SSN. Also, many States ask that you provide your race or ethnic group in order to demonstrate that they are complying with the Voting Rights Act and the National Voter Registration Act.
- If there are questions or problems with your form, local election officials will use this information to contact you. An email address is the simplest and fastest way for them to do so. Your voting materials will be sent to the email address that you provide here if you request it and your State allows it. Include an alternate email or phone number in Box 9 if necessary
- Indicate your preferred method for receiving your ballot by ranking each box 1, 2, or 3. All States and jurisdictions must send absentee ballots to military and overseas voters by at least one of the following: email, online download, or fax if requested. Check your State's pages in the Voting Assistance Guide on FVAP.gov to learn what your State allows. You can always get your absentee ballot by mail.
- This determines the jurisdiction where you vote. For military voters the voting address is your legal U.S. residence. For overseas citizens this is usually the U.S. address where you last lived. You do not need to have any current physical ties to this address. Do not use a post office box number. If the area has no street names, enter the route number and box number.
- 8 Enter the address where you want voting materials to be sent. Voting materials will be sent to this address unless you enter a forwarding address in Box 9.
- Enter anything here that would help ensure that your ballot is accepted. Check your State's pages in the Voting Assistance Guide on FVAP.gov for anything your State may specifically require here. For example, some States require last date of residency in the U.S., previous location of registration, overseas employer, or witness address. If you want your voting materials to be sent somewhere other than where you live now, enter that alternate (forwarding) address here. Provide an alternate email address and phone number here.

Affirmation Read this carefully. It is what you are agreeing to under oath and penalty of perjury by filling out and sending in this form. Some States require that your form be witnessed. Check the Voting Assistance Guide on FVAP.gov for your State's requirements.

For any questions about this form, consult the Voting Assistance Guide available in hard copy or on **FVAP.gov** or your Voting Assistance Officer.

## Agency Disclosure Statement

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100. [OMB CONTROL #0704-0503]. 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. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ADDRESS ABOVE.

## Privacy Act Statement

Authority: The authority to collect your personal information on this form comes from 42 USC 1973ff, "Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)."

Principal Purpose: This form serves as an application for registration and/or request for absentee ballot for all persons covered by UOCAVA.

Routine Use(s): There is no retention of this information by the Federal government. Completed forms are sent by you to an appropriate State election official.

Disclosure: Your disclosure of personal information is voluntary. However, failure to provide the requested personal information may keep the pertinent jurisdiction from processing this request and may prevent you from voting absentee.

U.S. Postage 39 USC 34
PAR AVIO
OFFICIAL A A A A A A A A A A A A A A A A A A

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAIL - DMM 703.8.0

To (Your local election office in the United States. Check your State's pages in the Voting Assistance Guide on FVAP.gov for contact information.)