

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

1. I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE AND I AM (Mark only one):

- (a) A MEMBER OF THE UNIFORMED SERVICES OR MERCHANT MARINE ON ACTIVE DUTY, OR AN ELIGIBLE SPOUSE OR DEPENDENT
(b) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. TEMPORARILY
(c) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. INDEFINITELY

2. MY INFORMATION (Required)

a. TYPED OR PRINTED NAME (Last, First, Middle) SUFFIX (Jr., Sr., III, etc.) b. PREVIOUS NAME (if applicable)
c. SEX M F d. RACE e. DATE OF BIRTH (MMDDYYYY) f. SOCIAL SECURITY NUMBER g. STATE DRIVER'S LICENSE OR I.D. NUMBER
h. TELEPHONE NUMBER (No DSN number; include all international prefixes) i. FAX NUMBER (No DSN number; include all international prefixes)
j. EMAIL ADDRESS

3. MY VOTING RESIDENCE ADDRESS (Required) (Military, use legal residence. Overseas citizens, use last legal residence in U.S.)

a. NUMBER AND STREET (Cannot be a P.O. Box)
b. CITY, TOWN OR VILLAGE c. COUNTY d. STATE e. ZIP CODE

4. WHERE TO SEND MY VOTING MATERIALS

a. MY CURRENT ADDRESS (Where I live now) (Required)
b. MY FORWARDING ADDRESS (NOTE: Complete 4b, only if you do not want your ballot mailed to the address in Block 4a.)

c. I PREFER TO RECEIVE MY ABSENTEE BALLOT, AS PERMITTED BY MY STATE, BY: MAIL FAX EMAIL

5. MY POLITICAL PARTY PREFERENCE (Optional, but may be required by states to register to vote in primary elections):

6. ADDITIONAL INFORMATION (Designate the period for which you want to receive ballots - see instructions for Block 6, paragraph (3). Consult the Voting Assistance Guide for other specific state instructions.)

7. AFFIRMATION (Required)

I swear or affirm, under penalty of perjury, that:
1. I am a member of the Uniformed Services or merchant marine on active duty or an eligible spouse or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U.S. citizen residing outside the U.S., and
2. I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
3. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated, and
4. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., and
5. My signature and date below indicate when I completed this document, and
6. The information on this form is true 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.

Signed: Date: (MMDDYYYY) Signed: Date: (MMDDYYYY) (Witness/Notary and Address (if required))