

### 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 <i>(Last, First, Middle)</i>                          |         |                                       | SUFFIX <i>(Jr., Sr., III, etc.)</i>                                      | b. PREVIOUS NAME <i>(if applicable)</i>  |  |
| c. SEX<br><input type="checkbox"/> M <input type="checkbox"/> F                | d. RACE | e. DATE OF BIRTH<br><i>(MMDDYYYY)</i> | f. SOCIAL SECURITY NUMBER<br>— —   | g. STATE DRIVER'S LICENSE OR I.D. NUMBER |  |
| h. TELEPHONE NUMBER <i>(No DSN number; include all international prefixes)</i> |         |                                       | i. FAX NUMBER <i>(No DSN number; include all international prefixes)</i> |  |  |
| 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 <i>(Cannot be a P.O. Box)</i> |           |          |             |  |
| b. CITY, TOWN OR VILLAGE                           | c. COUNTY | d. STATE | e. ZIP CODE |  |

**4. WHERE TO SEND MY VOTING MATERIALS**

|  |  |
|--|--|
| a. MY CURRENT ADDRESS <i>(Where I live now)</i> <b>(Required)</b><br><br>_____<br>_____<br>_____ | b. MY FORWARDING ADDRESS <i>(NOTE: Complete 4b. only if you do not want your ballot mailed to the address in Block 4a.)</i><br><br>_____<br>_____<br>_____ |
|--|--|

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))