Voter Registration and Absentee Ballot Request

Federal Post Card Application (FPCA)

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.

Print clearly in blue or black ink, please see back for instructions.

1. Who are you? Pick one.

I request an absentee ballot for all elections in which I am eligible to vote AND:

- ☐ I am on active duty in the Uniformed Services or Merchant Marine **-OR-** ☐ I am an eligible spouse or dependent.
- ☐ I am a U.S. citizen living outside the country, and I intend to return.
- ☐ I am a U.S. citizen living outside the country, and my intent to return is uncertain.

Last name		Suffix (Jr., II)	☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms.
First name		Previous names (if applicable)	
Middle name		Birth date (MM/DD/YYYY)	

I have a valid state issued Driver's License (DL) or state ID (SID): State: _____ Number: _____

I do not have a valid state DL or SID. The last 4 digits of my Social Security Number (SSN) are (see section 6): ___ ___ ___ ___

I do not have a state DL or SID; I have not been issued an SSN. I have reviewed my state specific instructions and provide the following document or government-issued identification such as a US Passport, Military Identification Card, etc. (see 1a on other side of form).

Type: _____

Number: _____

2. What is your address in the U.S. state or territory where you are registering to vote and requesting an absentee ballot?

Your voting materials will not be sent to this address. See instructions on the other side of form.

Street address		Apt #	
City, town, village		State	
County		ZIP	

3. Where are you now? You MUST give your CURRENT address to receive your voting materials.

Your mailing address. - *Different from above*	Your mail forwarding address - *If different from mailing address*

4. What is your contact information? This is so election officials can reach you about your request.

Provide the country code and area code with your phone and fax number. Do not use a Defense Switched Network (DSN) number.

Email:		Phone:	
Alternate email:		Fax:	

5. What are your preferences for upcoming elections?

A. How do you want to receive voting materials from your election office? (Select One)

- ☐ Mail
- ☐ Email or online
- ☐ Fax

B. What is your political party for primary elections?

6. What additional information must you provide?

New Mexico, Tennessee, and Virginia require a full SSN - write in the space below. Puerto Rico and Vermont require more information, see back for instructions. *Additional state guidelines* may be found at FVAP.gov. You may also use this space to clarify your voter information.

7. You must read and sign this statement.

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.
- 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
- I am not disqualified to vote due to having been convicted of a felony or other disqualifying offense, nor have I been adjudicated mentally incompetent; or if so, my voting rights have been reinstated; and
- 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.

Sign here X _____ **Today's date** (MM/DD/YYYY)

You can vote wherever you are.

1. Fill out your form completely and accurately.

a. **Section 1 Requirements:** If you select this option, you may be contacted by your Local Election Department for additional information after your application is received.

b. **Section 2 Requirements:** 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.

c. If you cannot receive mail at your current mailing address, please specify a mail forwarding address.

d. **Section 5 Requirements:** 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.

e. **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.

f. 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 War, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@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

To
(Fill in the address of your election office.
The address can be found online at FVAP.gov.)

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

OFFICIAL ABSENTEE BALLOTING MATERIAL – FIRST CLASS MAIL

OFFICIAL ELECTION MAIL
Authorized by the U.S. Postal Service

International airmail postage is required if not mailed using the U.S. Postal Service, APO/FPO/DPO system, or diplomatic pouch.

From
(Your name and mailing address)

PAR AVION

U.S. Postage Paid
39 USC 3406