

# 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 Service members, 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 spouse or dependent.
- 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.

## Political party

2

Your State may require you to specify a political party to vote in primary elections:

## Legal name

3

Last name  Suffix

First name  Middle name

Previous name (if applicable)

## 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 / /  Sex  M  F Race

[See 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  Fax

## Voting residence address

Usually your last U.S. residence or your legal U.S. residence. See instructions.

7

Street Address (not P.O. Box)  Apt. #

City/Town/Village

County  State  Zip Code -

## 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.

8

## Additional requirements for your State

Such as: mail forwarding address, additional email address/phone number, or other State required information. See Voting Assistance Guide.

9

**Affirmation (REQUIRED):** 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.

Signature **X**

Today's date

You must sign and send in.

/ /

M M D D Y Y Y Y

Witness signature / date if required by your State.

Signature

Date