Mail, Email or FAX completed form to: Office of Elections, 107 N. East Lane, Winchester, VA 22601 ; vote@winchesterva.gov; F:540-545-7925; P: 540-545-7910

Virginia Vote by Mail Application Form

Print your Personal Information — **1**

Last Name: _____ First Name: _____

Middle Name: _____ Suffix (sr., jr., etc.): _____

Birth Year (optional): Y Y Y Y Social Security # (last 4 digits required): # # # - # # - # # # #

Type + Date of Election — **2**

I am applying to vote by mail in the: ☐ General or Special Election ☐ Democratic Primary or ☐ Republican Primary

Date of Election: 11 (MM) / 03 (DD) / 2020 in the city/~~county of~~: Winchester

Annual Vote by Mail Optional — **3**

Do you want to vote by mail for ***all elections*** this calendar year? ☐ Yes ☐ No

If yes, which party primary ballots would you like to receive? Choose ONE. *If none selected, we won't send primary ballots.*

☐ Democratic Party ☐ Republican Party ☐ I do not wish to receive ballots for Primary Elections.

Address Where You Live — **4**

Address: _____ Apt/Suite #: _____

City: _____ VA Zip Code: # # # # #

If rural address or homeless, describe residence.

Ballot Mailing Address if different from above — **5**

Address: _____ Apt/Suite #: _____

City: _____ State: _____ Zip Code: # # # # # Country: _____

Contact info. Optional — **6**

Telephone: # # # - # # # - # # # # not required but helpful

Email/Fax: _____

Section 7 only applies to some voters. Leave blank and skip to Section 8 if none of these apply to you.

Change of Name/ Address — **7a**

Former Full Name: _____

Former Address: _____ Date Moved: MM / DD /

City: _____ State: _____ Zip code: # # # # #

First Time Voter in this City/County Does not apply to Federal Elections — **7b**

If you mailed in your voter registration application and this is your first time voting in this city/county, you have to vote in person unless you have a qualifying exemption. *If you plan to vote in an election for U.S. President, U.S. Senate, or U.S. House of Representatives, you can vote by mail no matter what.*

Turn the form over to find your reason for voting by mail in your first election. →

I need to vote by mail because (turn page over for qualifying exemption): _____

Military or Overseas Voters — **7c**

If you are a military/overseas voter OR a spouse/dependent, we need to know more:

1. Turn the form over to find your category under the Military and Overseas Section.
2. Print category letter code here: _____. If applicable, last date of residency: _____.
3. Deliver my ballot to: ☐ Residence address from Section 4 ☐ Email address from Section 6 ☐ Ballot mailing address from Section 5 ☐ Fax number from Section 6

Assistance with Ballot — **7d**

☐ I need assistance completing my ballot due to a disability, blindness, or inability to read or write.
If checked, an assistance form will be sent with the ballot.

Assistance with this Form — **7e**

Assistant, fill in your information below and sign if applicant is unable to sign due to disability:

Assistant's Full Name: _____ Phone: _____

Assistant's Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip code: # # # # #

I swear/affirm, subject to felony penalties for making false statements pursuant to VA Code § 24.2-1016, that (1) the information provided in this form is true, and (2) I have written "Applicant unable to sign" on the applicant's signature line in Section 8.

Assistant, sign here: _____ Date: _____

Voter's Statement + Signature — **8**

I swear/affirm, subject to felony penalties for making false statements pursuant to VA Code § 24.2-1016, that (1) the information provided in this form is true, (2) I am not requesting a ballot or voting in any other jurisdictions in the US, (3) I am registered to vote in the city/county where I am applying to vote, and (4) if I checked the box (in Section 2) to vote by mail for the calendar year, I will likely remain eligible to vote throughout the calendar year.

Voter, sign here (or mark if unable): X _____ Date: MM / DD / YY

Office use only

Precinct: _____ District/Senate/House: _____ Application # _____ App accepted: ☐ Yes ☐ No

Date received: _____ Received by: _____ Reason not accepted

Method received: ☐ Email ☐ Fax ☐ Mail ☐ In person ☐ Other

Ballot sent by: ☐ Email ☐ Fax ☐ Mail

Virginia Vote by Mail Application Form

Privacy Act Notice: This form requires personal information. The last four (4) digits of your Social Security Number are required. Your application will be denied if you fail to provide the last four digits of your Social Security Number or if you fail to provide any other information required to determine your qualification to vote by mail. Federal law (the Privacy Act of 1974; the Help America Vote Act of 2002) and state law (Virginia Constitution, article II, § 2; § 24.2- 701, Code of Virginia; the Government Data Collection and Dissemination Practices Act) authorize collecting this information and restrict its use to official purposes only.

Warning: Intentionally voting more than once in an election or making a materially false statement on this form constitutes the crime of election fraud. Intentionally voting more than once in an election is punishable under Virginia law as a Class 6 felony and is punishable by a term of imprisonment of up to five years, or confinement in jail for not more than 12 months, and/or a fine of not more than $2,500. Making a materially false statement on this form is punishable under Virginia law as a Class 5 felony and is punishable by a term of imprisonment of up to ten years, confinement in jail for not more than 12 months, and/or a fine of not more than $2,500.

Instructions

How to Vote by Mail

To vote by mail, complete this form and **submit it to your local voter registration office.** You can find the contact information for your local voter registration office through the Department of Elections website, https://vote.elections.virginia.gov/VoterInformation/PublicContactLookup.

If you prefer to vote in person, this form is not needed.

If you mailed in your voter registration application and this is the first time you are voting in your current city/county, please see the **First Time Voting in This City/County** section below for additional instructions.

If you are a military or overseas voter or the spouse or dependent of a military or overseas voter, please see the **Military and Overseas Voters** section below for additional instructions.

When to Vote by Mail

You can apply to vote by mail for an election as early as one year before that election.

A separate form is required for each voter and each election. To apply to vote by mail in multiple elections, please see the instructions for "Annual Vote by Mail Selection (Section 3)."

The deadline for receipt of your request by mail, email, or fax is **5:00 pm on the eleventh (11th) day before the election**.

Ballots are available 45 days before an election. *(If you register to vote in person, you must wait five days before you can have your ballot mailed to you.)*

First Time Voting in This City/County (Section 7b)

If you registered to vote by mail and have not previously voted in your current city/county, **you may only apply to vote by mail if you meet one of the qualifying exemptions**; otherwise, **you must vote in person**. If you meet one or more of the exemptions listed below, enter the code(s) in section **7b** on the front of this form.

Exemption Codes:

1. I am a student attending college/university outside of my city/county of residence in Virginia.
2. I have a disability or illness that prevents me from voting in person.
3. I am pregnant.
4. I am confined either awaiting trial or convicted of a misdemeanor.
5. I am active duty merchant marine or in the armed forces, or a spouse or dependent of an active duty member.
6. I am temporarily residing outside of the U.S. for a non-employment related reason. (Voter Registration Office: review VA Code § 24.2-453)
7. I am temporarily residing outside of the U.S. for employment or a spouse or dependent living with a person temporarily residing outside of the U.S. for employment.
8. I have moved to another state less than 30 days before a presidential election **and** am requesting a ballot for the presidential and vice-presidential electors only (ballots for other offices/issues will **not** be sent).
9. I am 65 years of age or older.

Annual Vote by Mail Selection (Section 3)

If you checked the box in Section 3, you are indicating that you wish to receive your ballot in the mail for every election this calendar year. In doing so, you swear/affirm that you will likely remain eligible to vote in Virginia during that calendar year.

If you move during the calendar year, complete a new form and submit it to your new General Registrar to continue receiving ballots.

If your ballot is returned undeliverable, you will be removed from the Annual Vote by Mail list.

If you want to receive a primary ballot, you must indicate a political party preference in Section 3. If you do not want a ballot for primary elections, please mark the last box or leave the answer to this question blank.

Military and Overseas Voters (Section 7c)

The Uniformed and Overseas Citizen Absentee Voting Act (UOCAVA) entitles certain individuals to receive their vote by mail ballots by email or fax. If you meet one or more of the following UOCAVA voter categories, please enter the code(s) for that category in section **7c** of this form.

A. I am an active duty merchant marine or in the armed forces.

B. I am a spouse or dependent living with an active duty merchant marine or armed forces member.

C. I am temporarily residing outside of the U.S. for a non-employment related reason. (Voter Registration Office: review VA Code § 24.2-453)

   If you have given up your address permanently or have no intent to return, enter your last date of residency in section 7c, line 2.

D. I am temporarily residing outside of the U.S. for employment or a spouse or dependent living with a person temporarily residing outside of the U.S. for employment.

While UOCAVA voters may use this form, they are encouraged to use the **Federal Post Card Application (FPCA)** (which also serves as a voter registration application/update). If you do submit this Virginia Vote by Mail form (ELECT-701), it will be interpreted as a request by you to discontinue any FPCA you have previously submitted. For more information on or to obtain the FPCA, visit https://www.fvap.gov/.

If your ballot is being **emailed** to you, ensure you monitor your junk/spam email folders. If your ballot is being **faxed** to you, ensure you monitor your fax machine. The Department of Elections and your local voter registration office are **not** responsible for emailed or faxed ballots that end up in a junk/spam folder or are not received by you.

Delivery of Ballot (Section 4 and 5)

Ballots may not be forwarded or sent "in care of"/"to the attention of" another person. Your ballot can only be mailed to one of the following:

1. Your residence address
2. Your location while outside your city/county of residence
3. Your place of temporary confinement for illness, disability, misdemeanor conviction, or awaiting trial