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 Of¿cer.

For absent Uniformed Service members, their families, and citizens residing outside the U.S.

Please print in black ink.

Classi¿cation 1
Make only 1 selection.
(In most States, you must be absent from your voting district to use this form).

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 _____ Suf¿x _____
First name _____ Middle name _____
Previous name (if applicable) _____

Identi¿cation 4
Some States require your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov.

State Driver's License or ID _____
OR Social Security Number ___ - __ - ____
Birth date __ / __ / ____ (M M D D Y Y Y Y) Sex ☐ M ☐ F Race _____ See instructions

Contact information 5
Include international pre¿xes. No DSN numbers.

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 7
Usually your last U.S. residence or your legal U.S. residence. See instructions.

Street Address (not P.O. Box) _____ Apt. # _____
City/Town/Village _____
County _____ State _____ Zip Code _____ - _____

Where to send my ballot 8
This is your current mailing address and should be different from above. If required, place a forwarding address in Box 9.

Additional requirements for your State 9
Such as: mail forwarding address, additional email address/phone number, or other State required information. See Voting Assistance Guide.

Af¿rmation (REQUIRED): I swear or af¿rm, 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 disquali¿ed 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 _____
You must sign and send in

Today's date __ / __ / ____ (M M D D Y Y Y Y)

Witness signature / date if required by your State
Signature _____
Date _____

This information is for of¿cial use only. Any unauthorized release may be punishable by law.

PREVIOUS EDITIONS ARE OBSOLETE.

Instructions for Federal Post Card Application
Voter Registration and Absentee Ballot Request

For any questions about this form, consult the Voting Assistance Guide available in hard copy or on FVAP.gov or your Voting Assistance Of¿cer.

The **gray** numbers and instructions below correspond to the **gray** numbered boxes on the face of the form.

1 The classi¿cation you choose may determine in which election(s) you will be allowed to vote. Choose the one that best represents your current situation.

2 If you want to vote in primary elections, most States require you to specify a political party. Check your State's pages in the Voting Assistance Guide on FVAP.gov to see if your State requires you to specify a political party.

3 The information you enter for your name should match the information you normally put on legal or of¿cial forms. For example, it should be the same name that appears on your Driver's License or other government-issued ID.

4 While most States allow you to enter either your Driver's License number or the last 4 digits of your Social Security Number, some will invalidate this form without your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov to see if your State requires the full SSN. Also, many States ask that you provide your race or ethnic group in order to demonstrate that they are complying with the Voting Rights Act and the National Voter Registration Act.

5 If there are questions or problems with your form, local election of¿cials will use this information to contact you. An email address is the simplest and fastest way for them to do so. Your voting materials will be sent to the email address that you provide here if you request it and your State allows it. Include an alternate email or phone number in Box 9 if necessary.

6 Indicate your preferred method for receiving your ballot by ranking each box 1, 2, or 3. All States and jurisdictions must send absentee ballots to military and overseas voters by at least one of the following: email, online download, or fax if requested. Check your State's pages in the Voting Assistance Guide on FVAP.gov to learn what your State allows. You can always get your absentee ballot by mail.

7 This determines the jurisdiction where you vote. For military voters the voting address is your legal U.S. residence. For overseas citizens this is usually the U.S. address where you last lived. You do not need to have any current physical ties to this address. Do not use a post of¿ce box number. If the area has no street names, enter the route number and box number.

8 Enter the address where you want voting materials to be sent. Voting materials will be sent to this address unless you enter a forwarding address in Box 9.

9 Enter anything here that would help ensure that your ballot is accepted. Check your State's pages in the Voting Assistance Guide on FVAP.gov for anything your State may speci¿cally require here. For example, some States require last date of residency in the U.S., previous location of registration, overseas employer, or witness address. If you want your voting materials to be sent somewhere other than where you live now, enter that alternate (forwarding) address here. Provide an alternate email address and phone number here.

Af¿rmation Read this carefully. It is what you are agreeing to under oath and penalty of perjury by ¿lling out and sending in this form. Some States require that your form be witnessed. Check the Voting Assistance Guide on FVAP.gov for your State's requirements.

Agency Disclosure Statement

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100. [OMB CONTROL # 0704-0503]. 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. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ADDRESS ABOVE.

Privacy Act Statement

Authority: The authority to collect your personal information on this form comes from 42 USC 1973ff, "Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)."

Principal Purpose: This form serves as an application for registration and/or request for absentee ballot for all persons covered by UOCAVA.

Routine Use(s): There is no retention of this information by the Federal government. Completed forms are sent by you to an appropriate State election of¿cial.

Disclosure: Your disclosure of personal information is voluntary. However, failure to provide the requested personal information may keep the pertinent jurisdiction from processing this request and may prevent you from voting absentee.

From
(Your name and current complete military or overseas mailing address)

_____

_____

_____

_____

_____

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

U.S. Postage Paid
39 USC 3406

PAR AVION

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

OFFICIAL ABSENTEE BALLOTING MATERIAL – FIRST CLASS MAIL

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

To
(Your local election of¿ce in the United States. Check your State's pages in the Voting Assistance Guide on FVAP.gov for contact information.)

_____

_____

_____

_____

_____