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 Servi	ice 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).	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	Your State may require you to specify a political party to vote in primary elections:
Legal name	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.	State Driver's License or ID OR Social Security Number Birth date Sex M F Race
Contact information Include international prefixes. No DSN numbers.	Telephone Fax Email
Ballot receipt	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.	Street Address (not P.O. Box)
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
The information on this form knowledge. I understand that document may constitute grout I am a U.S. citizen, at least 1 eligible to vote in the requeste I am not disqualified to vote disqualifying offense, nor have voting rights have been reinstant.	8 years of age (or will be by the day of the election), d jurisdiction, and due to having been convicted of a felony or other e I been adjudicated mentally incompetent; or if so, my

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

The classification you choose may determine in which election(s) you will be allowed to vote. Choose the

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.

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

one that best represents your current situation.

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

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.

3	The information you enter for your name should match the ir official forms. For example, it should be the same name that government-issued ID. While most States allow you to enter either your Driver's Lice Security Number, some will invalidate this form without your Voting Assistance Guide on FVAP.gov to see if your State re you provide your race or ethnic group in order to demonstrate Act and the National Voter Registration Act.	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)."		
5	If there are questions or problems with your form, local electi you. An email address is the simplest and fastest way for the the email address that you provide here if you request it and or phone number in Box 9 if necessary.			
6	Indicate your preferred method for receiving your ballot by re jurisdictions must send absentee ballots to military and over email, online download, or fax if requested. Check your State FVAP.gov to learn what your State allows. You can always g			
7	This determines the jurisdiction where you vote. For military residence. For overseas citizens this is usually the U.S. addi have any current physical ties to this address. Do not use a pames, enter the route number and box number.			
8	Enter the address where you want voting materials to be ser unless you enter a forwarding address in Box 9.	nt. Voting materials will be sent to this address	UOCAVA.	
9	Enter anything here that would help ensure that your ballot is Voting Assistance Guide on FVAP.gov for anything your Sta some States require last date of residency in the U.S., previor witness address. If you want your voting materials to be so	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 official.		
Affir	enter that alternate (forwarding) address here. Provide an al mation Read this carefully. It is what you are agreeing to unde sending in this form. Some States require that your form be on FVAP.gov for your State's requirements.	r oath and penalty of perjury by filling out and	Disclosure: Your disclosure of personal information is voluntary. However, failure to provide the requested personal information makeep the pertinent jurisdiction from processing this request and make prevent you from voting absentee.	
	From (Your name and current complete military or overseas mailing)	ng address)	U.S. Postage Paid 39 USC 3406 PAR AVION	
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		OFFICIAL **ELECTION	±	
	International airmail postage is required if not mailed in the U.S. Postal Service, APO/FPO system, or diplomatic pouch	# ELLCTION # Affician	TY OF THE PROPERTY OF THE PROP	
	OFFIC	IAL ABSENTEE BALLOTING MATERIA	AL-FIRST CLASS MAIL	
		NO POSTAGE NECESSARY IN THE U.S. MA	IL – DMM 703.8.0	
	To (Your local	election office in the United States. Check your Sta	ate's pages in the Voting	

Assistance Guide on FVAP.gov for contact information.)