

Virginia Permanent Absentee Voter Single Election Change Form

Who should use this form? To use this form, you must already have selected the "Permanent Absentee Option" on the "Virginia Absentee Ballot Application Form." You may use this form to change where your ballot is sent for one election, change the political party primary ballot you receive for one election, or change the political party primary ballot you receive for all primary elections. Fill out only the sections that apply to the change(s) you want to make.

Print your personal information **1**

Last Name: _____ First Name: _____
 Middle Name: _____ Suffix: _____
 Birth Year (optional): | Y | Y | Y | Y | Social Security # (optional): | # | # | # | - | # | # | - | # | # | # | # |

Address where you live **2**

Address: _____ Apt/Suite #: _____
 City: _____ VA Zip Code: | # | # | # | # | # |
If rural address or homeless, describe residence.

I want to change the address where my ballot is sent. **3**

Your ballot will be mailed to the address listed on your voter registration record unless you indicate in this section that you want it sent to a different address for a specific election.

A. I want my ballot to be sent to the address in Section 3b for the following election:

Primary Election General Election Primary and General Election Special Election

Provide the date of the election for which you would like your ballot sent to a different address. If you selected "Primary and General Election" above, only enter the date of the Primary.

Election Date: MM / DD / YYYY

B. Provide the address where you would like your ballot(s) mailed for the election(s) indicated above: Address: _____
 Apt/Suite #: _____
 City: _____ State: _____ Zip Code: | # | # | # | # | # | Country: _____

I would like to change the ballot I receive for a Primary Election **4**

Which party primary ballot would you like to receive?

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

Is this change for the next Primary Election only or for all Primary Elections?

Next Primary Only All Primaries

Contact Info. **5**

Telephone: | # | # | # | # | - | # | # | # | # | - | # | # | # | # |
 Email/Fax: _____

This information is not required, but it is very helpful in the event that we need to contact you about your Absentee Ballot.

Voter's Statement + Signature **6**

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, and (3) I am registered to vote in the city/county where I am applying to vote.

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

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.

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