

# REGISTRATION AND ABSENTEE BALLOT REQUEST FORM - FEDERAL POST CARD APPLICATION (FPCA)

## 1. I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE AND I AM (Mark only one):

- (a) A MEMBER OF THE UNIFORMED SERVICES OR MERCHANT MARINE ON ACTIVE DUTY, OR AN ELIGIBLE SPOUSE OR DEPENDENT
- (b) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. TEMPORARILY
- (c) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. INDEFINITELY

## 2. MY INFORMATION

a. PRINTED NAME (Last, First, Middle)		SUFFIX	b. PREVIOUS NAME (if applicable)	
c. SEX <input type="checkbox"/> M <input type="checkbox"/> F	d. DATE OF BIRTH	e. SOCIAL SECURITY NUMBER (last 4 digits only)		f. STATE DRIVER'S LICENSE OR ID NUMBER
g. TELEPHONE NUMBER (No DSN number, include all international prefixes)			h. FAX NUMBER	
i. EMAIL ADDRESS				

## 3. MY VOTING RESIDENCE ADDRESS (Military, use legal residence. Overseas citizens, use last legal residence in US)

a. NUMBER AND STREET (Cannot be a PO Box)			
b. CITY, TOWN, OR VILLAGE	c. COUNTY	d. STATE	e. ZIP CODE

## 4. WHERE TO SEND MY VOTING MATERIALS

a. MY CURRENT ADDRESS (Where I live now)	b. MY FORWARDING ADDRESS (NOTE: Complete only if you do not want your ballot mailed to the address in block 4a.)

## 5. MY POLITICAL PARTY (Required to vote in Primary Elections):

## 6. ADDITIONAL INFORMATION

## 7. AFFIRMATION

I swear or affirm, under penalty of perjury, that:

1. I am a member of the Uniformed Services or merchant marine on active duty or an eligible spouse or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U.S. citizen residing outside the U.S., and
2. 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
3. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated, and
4. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., and
5. My signature and date below indicate when I completed this document, and
6. The information on this form is true and complete to the best of my knowledge.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Mail the completed application form to **Madison County Board of Elections, POB 666, Wampsville, NY 13163**

Submission of this form serves as a request to receive ballots for all Federal elections held through the next two regularly scheduled general elections.