(After completion, fold to inside and seal before mailing.)

WARNING: Knowingly presenting false information in this application could result in criminal sanctions.

Standard Form 76A (Rev. 10-2005)

REGISTRATION AND ABSENTEE BALLOT REQUEST - 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 (Required)

a. TYPED OR PRINTED NAME *(Last, First, Middle)*	SUFFIX *(Jr., Sr., III, etc.)*	b. PREVIOUS NAME *(if applicable)*

c. SEX	d. RACE	e. DATE OF BIRTH *(MMDDYYYY)*	f. SOCIAL SECURITY NUMBER	g. STATE DRIVER'S LICENSE OR I.D. NUMBER
☐ M ☐ F			— —	

h. TELEPHONE NUMBER *(No DSN number; include all international prefixes)*	i. FAX NUMBER *(No DSN number; include all international prefixes)*

j. EMAIL ADDRESS

3. MY VOTING RESIDENCE ADDRESS (Required) *(Military, use legal residence. Overseas citizens, use last legal residence in U.S.)*

a. NUMBER AND STREET *(Cannot be a P.O. 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)* **(Required)**	b. MY FORWARDING ADDRESS *(NOTE: Complete 4b. only if you do not want your ballot mailed to the address in Block 4a.)*

c. I PREFER TO RECEIVE MY ABSENTEE BALLOT, AS PERMITTED BY MY STATE, BY: ☐ MAIL ☐ FAX ☐ EMAIL

5. MY POLITICAL PARTY PREFERENCE *(Optional, but may be required by states to register to vote in primary elections)*:

6. ADDITIONAL INFORMATION *(Designate the period for which you want to receive ballots - see instructions for Block 6, paragraph (3). Consult the Voting Assistance Guide for other specific state instructions.)*

7. AFFIRMATION (Required)

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.

I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Signed: _____ Date: _____ *(MMDDYYYY)* Signed: _____ *(Witness/Notary and Address (if required))* Date: _____ *(MMDDYYYY)*

The information contained here in is for official use only. Any unauthorized release of this information may be punishable by law.

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