

# Virginia Voter Registration Application

Use blue or black ink

**Starred (\*) items are required.** If you do not complete all of the items that are marked with \*, your application may be denied (See instructions on reverse side).

1.  YES  NO  
 \* I am a citizen of the United States of America.

\* Full social security number 1 2 3 - 4 5 - 6 7 8 9  No SSN was ever issued.

\* Date of birth 0 1 / 0 1 / 2 0 0 0

\* Gender F

2. \* Last name DOE Jr. Sr. II III IV (Circle if applicable)

\* First name JANE \* Middle name JANET  None

\* Residence address (May not be a P.O. Box) 1301 COLLEGE AVE. Apt # \_\_\_\_\_

\* City/Town FREDERICKSBURG \* ZIP 22401

E-mail jjdoe@mail.umw.edu Phone 7 0 3 - 1 2 3 - 4 5 6 7

3. \* Have you ever been convicted of a felony or judged mentally incapacitated and disqualified to vote? .....  YES  NO If YES, has your right to vote been restored? .....  YES  NO

4.  I am an active-duty uniformed services member, spouse or dependent; or an overseas citizen.

I am providing a mailing address (below) because my residence address is not serviced by the U.S. Postal Service or I am homeless.

▶ I am providing a Virginia P.O. Box (below) to protect my residence address from public disclosure because:

I am an active or retired law enforcement officer, judge, U.S. or Virginia Attorney General attorney

I have a court issued protective order for my benefit

I have evidence of filing a complaint with law enforcement that either I or a household member is in fear for personal safety from another person who has threatened or stalked either me or a household member

I am a participant in the Virginia Attorney General's Address Confidentiality Program

My mailing address (Complete only if you have checked a box in this section)

1701 COLLEGE AVE UMW Box 1234  
FREDERICKSBURG, VA 22401

PLEASE PUT YOUR UBOX OR EAGLE BOX # IN THIS SECTION

5.  I am currently registered to vote in another state: \_\_\_\_\_. (Indicate state of previous registration)

6.  I am interested in being an Officer of Election (poll worker) on Election Day. Please send me information.

7. AFFIRMATION: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.

\* Signature Jane Doe Today's date: 0 1 / 0 1 / 2 0 1 9

By checking this box, I affirm both that I am an individual with physical disabilities and the Affirmation Statement above. Pursuant to Article II, § 2 of the Constitution of Virginia, individuals with physical disabilities are not required to sign the application for voter registrations.

## \* Virginia Voter Registration Application Receipt

The application collector must submit your completed application within 10 days or by the deadline to register for the next election, whichever comes first. You can check your voter registration status online at [elections.virginia.gov/register](http://elections.virginia.gov/register). If you do not receive confirmation of your voter registration status within 30 days, contact your local voter registrar or the Virginia Department of Elections.

Name, phone and e-mail of office, group or individual receiving application

   /    /     
 Date application received

Thank you for applying to vote in Virginia!