FOR OFF	ICE USE ONLY					SBE-701 REV 7/09	
Precinct: District/Sen/House: Received: In person By mail By fax Other Date received: In person Date received: Date received:		District/Sen/House:	Application number:		Reviewed by:	Reviewed by:	
		il □ By fax □ Other	Application acce	pted: YES N	O Reason not ac	cepted:	
		Y Y Y	Ballot to be:	Mailed □ E-mailed	☐ Voted in person	(On machine: ☐ YES ☐ NO)	
	sentee Ba			t Complete Parts <i>I</i>	A through D (and l	Commonwealth of Virginia	
			\Box County/ \Box	City of:			
Printed Full Name of Absentee Voter (Required)				red to vote in the (Required)	Social Security Number (last 4 digits required)	
	pplying to vote in: ☐ G cone (Required) 0	General Election [r Special Election	□ Democratic Primary □ Republican Primary		ican Primary	MM / DD / YYYY To be held on	
	following s absentee b I will be abs	y mail. See Instruc	rirst time voters tions page. rom the county/c	s who registered	d by mail may b	e ineligible to apply to vote (reasons 1A, 1B, 1C, 1D, 6A, 6B,	
	Code	Supporting Informat	tion (Required for	all codes except 11	F, 2C, 4A or 7A)		
Code	Reason			Supporting Infor	mation Required		
1A	Student			Name and address of school attending			
1B	Spouse of student			Name and address of school spouse is attending			
1C	Business			Name of employer or business			
1D	Personal business or vacation			Place of travel (VA county/city or state or country)			
1E	I am working and commuting to/from home for 11 or more hours between 6:00 AM and 7:00 PM on Election Day			Time start AM, time stop PM, name of business or employer, and workplace address			
1F	I am a first responder (member of law enforcement, fire fighter, emergency technician, search and rescue)			Not required			
2A	My disability or illness			Nature of disability or illness			
2B	I am primarily and personally responsible for the care of a disabled/ill family member confined at home			Name of family member and nature of disability/illness			
2C	My pregnancy	My pregnancy			Not required		
3 A	Confined, awaiting trial			Place and address of confinement			
3B	Confined, convicted of a misdemeanor				ss of confinemen	t	
4A	An electoral board member, registrar, officer of election, or custodian of voting equipment			Not required			
5A	I have a religious obligation			Religion and nature of obligation			
6A	Active Duty Merchant Marine or Armed Forces			Branch of service, Service ID, and rank/grade/rate			
6B	Spouse or dependent	of 6A	Branch of service, Service ID, and rank/grade/rate				
6C	Temporarily residing outside of US			If your Virginia residence is no longer available to you , provide your last date of residence in Virginia			
6D	Temporarily residing outside of US for employment or spouse or dependent residing with employee			Name of business or employer; if your Virginia residence is no longer available to you , provide your last date of residence in Virginia			
7 A	Requesting a ballot for	or presidential and vic for other offices/issues		Not required			

Send my ballot to:				
☐ my new Virginia residence (permanent) home ad	ldress, provided in Par			
	City/Town	State	Zip Code	
if reason in Part A is 6A/6B and you are located outs	ide of Virginia, or 6C/6	D and you are outside o	of US	
☐ Assistance —I will need assistance in com to read or write.	pleting my ballot du	e to a disability, blind	Iness, or inability	
Absentee Voter's Statement				
and correct, and that I have not, and will not vote Knowingly giving any untrue information in this d	in this election at any ocument is a felony un	other place in Virginia	or in any other state.	
	I Name of Votor (Page	irod) Dot		
eyistereu voter (nequireu) — Friiiteu Fui	i Name of Voter (Nequi	ireu) Dau	;	
	one Number	E-mail Address or Fax	Number	
			VA	
rmanent/Currently Registered) Home Address ill be used if no other address is checked or provided i		Ste City/Town	State Zip Code	
unable to sign due to a physical disability, write the n if submitting a change of name or address in Part F.	ame/address of persor	n who assisted in Part I	E (required).	
Assistant's Statement (Required only if voter received assistance in completing this application a disability, blindness, or inability to read or write.)				
••		le to Sign."		
ssistant	Printed Full Name of Assistant			
sistant	City/Town	State	Zip Code	
Change of Name or Address	City/Town	State	Zip Code	
	City/Town If Name Changed, Fo		·	
	If Name Changed, Fo		Zip Code VA State Zip Code	
Change of Name or Address	If Name Changed, Fo	ormer Full Name Ste City/Town	VA State Zip Code	
	my new Virginia residence (permanent) home accept the following address. (See the instructions page if reason in Part A is 6A/6B and you are located outs to read or write. Assistance—I will need assistance in come to read or write. Absentee Voter's Statement I declare under felony penalty that, to the best of read correct, and that I have not, and will not vote Knowingly giving any untrue information in this define of \$2500 and/or confinement for up to ten year egistered Voter (Required) Printed Full or with the provided in the provi	City/Town if reason in Part A is 6A/6B and you are located outside of Virginia, or 6C/6 Assistance—I will need assistance in completing my ballot du to read or write. Absentee Voter's Statement I declare under felony penalty that, to the best of my knowledge, the fac and correct, and that I have not, and will not vote in this election at any Knowingly giving any untrue information in this document is a felony un fine of \$2500 and/or confinement for up to ten years. Printed Full Name of Voter (Required) Apt/Unit/Lot/sit/sit/sit/sit/sit/sit/sit/sit/sit/si	my new Virginia residence (permanent) home address, provided in Part F. the following address. (See the instructions page for addresses allowed.) City/Town State City/Town State Gity/Town Absentee Voter's Statement I declare under felony penalty that, to the best of my knowledge, the facts contained in this applicance in Virginia Knowingly giving any untrue information in this document is a felony under Virginia law. The mane of \$2500 and/or confinement for up to ten years. Gity/Town Fine of \$2500 and/or confinement for up to ten years. Fine of \$2500 and/or confinement for up to ten years. Gity/Town Gity/Town Fine of \$2500 and/or confinement for up to ten years. Fine of \$2	

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Signature (Required)