

VIRGINIA VOTER REGISTRATION APPLICATION FORM

Use this form to register to vote in Virginia or report a change in name or address.

To register to vote in Virginia, you must:

IMPORTANT!

DEADLINE: 29 DAYS BEFORE THE ELECTION

- ✓ Be a **United States citizen**
- ✓ Be a **resident of Virginia**
- ✓ Be **18 years old by the next general election**
- ✓ Have **had your voting rights restored** if you have ever been convicted of a felony
- ✓ Have **had your capacity restored** if you have ever been declared mentally incapacitated in a Circuit Court.

This form must be postmarked (or delivered to the county or city voter registration office or DMV) no later than 29 days before the election in which you plan to vote. However, if you are already registered to vote at your current address, you do not need to re-register. Photocopies of this application are accepted with an original signature. The only time faxes are accepted is for an address change.

PRIVACY ACT NOTICE: Article II, Section 2 of the Constitution of Virginia (1971) requires that a person registering to vote provide his or her social security number, if any. Therefore, if you do not provide your social security number, your application for voter registration will be denied. Section 7 of the Federal Privacy Act (Public Law Number 93-579) allows the Commonwealth to enforce this requirement, but also requires that you be advised that state and local voting officials will use the social security number as a unique identifier to ensure that no person is registered in more than one place. This registration card will not be open to inspection by the public. Your social security number will appear on reports produced only for official use by voter registration and election officials, and for jury selection purposes by courts.

WARNING: INTENTIONALLY MAKING A FALSE STATEMENT ON THE VOTER REGISTRATION APPLICATION CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IMPRISONMENT, OR UP TO 12 MONTHS IN JAIL, AND FINED UP TO \$2,500.

ATTENTION: You must answer the boxes 1 – 11. If you do not complete all of the specified boxes your application will be denied. Once your local registrar approves your application, you should receive a voter card.

1	Commonwealth of Virginia PREVIOUS VOTER REGISTRATION INFORMATION (REQUIRED)		
	<input type="checkbox"/> NO I have never registered to vote in the past. ▶ <i>If NO, skip to Box 2.</i>		
	<input type="checkbox"/> YES I am registered to vote at another address in Virginia or in another state. ▶ <i>If YES, the information below must be completed.</i>		
	FULL LEGAL NAME _____		DATE OF BIRTH _____
	ADDRESS AT WHICH YOU WERE PREVIOUSLY REGISTERED TO VOTE _____		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____
	CITY/TOWN _____	STATE _____	ZIP CODE _____
CITY/COUNTY/TOWN OF RESIDENCE (IF APPLICABLE) _____			
This cancellation information will be sent to the county or city and state you entered above. VIRGINIA - 1			

2	Are you a citizen of the United States of America?		Will you be 18 years of age on or before election day?		If you checked 'no' in response to either of these questions, do not complete this form.			
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO					
3	SOCIAL SECURITY NUMBER _____		4	GENDER		5	DATE OF BIRTH	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			____/____/____	
6	LAST NAME [Print] _____		FIRST NAME _____		FULL MIDDLE OR MAIDEN NAME _____		SUFFIX [JR., SR., III, ETC.] _____	
	DAYTIME TELEPHONE NUMBER _____							
7	RESIDENCE /HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) _____		APT/UNIT/LOT/RM/SUITE _____		CITY OR TOWN _____		ZIP CODE _____	
	IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED (I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD – NORTH, EAST, ETC.; NEAREST LANDMARK)							
	MAILING ADDRESS (if different) VIRGINIA P. O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE [INCLUDE ZIP CODE] _____						8	NAME OF CITY OR COUNTY OF RESIDENCE
						<input type="checkbox"/> CITY OR <input type="checkbox"/> COUNTY OF		
9	• HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		10	• HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		• IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	• IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO			• IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____		• IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____		
	• IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____							

11	REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE.		
	↓ REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN).		
	SIGN HERE ▶ _____		DATE → _____
If applicant is unable to sign, write below the name/address of person who assisted: (REQUIRED)			

<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.		You may request that your home address not be released if you (a) are active or retired law enforcement , or (b) have been granted a protective court order , or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 7 above.		<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.	
		<input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER <input type="checkbox"/> THREATENED/STALKED			
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS	

