



DISTRICT OF COLUMBIA
BOARD OF ELECTIONS
 WASHINGTON, DC 20003-4733



MAIL-IN BALLOT REQUEST FORM

(NON-MILITARY AND NON-OVERSEAS VOTERS ONLY)

MILITARY OR OVERSEAS VOTERS: APPLY FOR A MAIL-IN BALLOT AT <https://www.fvap.gov/district-of-columbia>

I. ELECTIONS FOR WHICH YOU ARE REQUESTING A BALLOT (Select ONE of the choices below):

- 1. I am requesting a ballot for the June 4, 2024 Primary Election
- 2. I am requesting a ballot for the November 5, 2024 General Election
- 3. Please put me on the **PERMANENT MAIL-IN BALLOT LIST** so that a mail-in ballot will be sent to me in all future elections in which I am eligible to vote. I understand that I will be removed from this list if: **a)** I submit a written request to be removed; **b)** I become ineligible to vote for any reason; **c)** any mail sent to me by the Board of Elections is returned undeliverable for any reason; or **d)** I fail to vote by mail in two back-to-back elections in which I am eligible to vote.

II. VOTER INFORMATION (Please print clearly):

Name (First, Middle, Last) _____

Date of Birth: _____ Telephone No.: _____ Email: _____

DC DMV-issued ID Number or Last Four Digits of Social Security Number: _____

Current DC Residence Address (P.O. Boxes will not be accepted): _____

(Please note that if you provide a residence address that is different from the registration address in the Board's records, this application will be considered a request for a change of address.)

Ballot Mailing Address (if different from above): _____

III. VOTER DECLARATION/CERTIFICATION:

I swear or affirm, under penalty of perjury, that: the information on this form is true, accurate, and complete to the best of my knowledge; I am a registered voter in the District of Columbia who is eligible to vote in the election(s) for which I have requested a mail-in ballot; and I am not requesting a mail-in ballot or voting in another U.S state or territory. I understand that if I sign this form knowing that the information provided is untrue, I can be convicted and fined up to \$10,000 and/or jailed up to five years.

 Signature or other indicator of voter's signature

 Date

IV. ASSISTANT DECLARATION/CERTIFICATION (Required If Applicant Had Help):

I hereby attest that I am unable to sign my name due to illness, injury, or disability. I have read or received assistance to read, and understand, the statements on this form, and I hereby swear or affirm that the statements on this form are true.

 Signature or other indicator of voter's signature

 Date

 Signature of Assistant

 Date

 Name and Address of Assistant

 Telephone Number of Assistant

FOR OFFICE USE ONLY: Registered EDCA Not Registered-Rejected Party Primary-Ineligible to Vote Ballot Issue Date: _____

Ward: _____ Precinct: _____ Party: _____ ANC/SMD: _____ Local ID No.: _____ Processed by/Transmitted by (Initials): ____/____