



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 Primary Election
- 2. I am requesting a ballot for the 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): ____/____