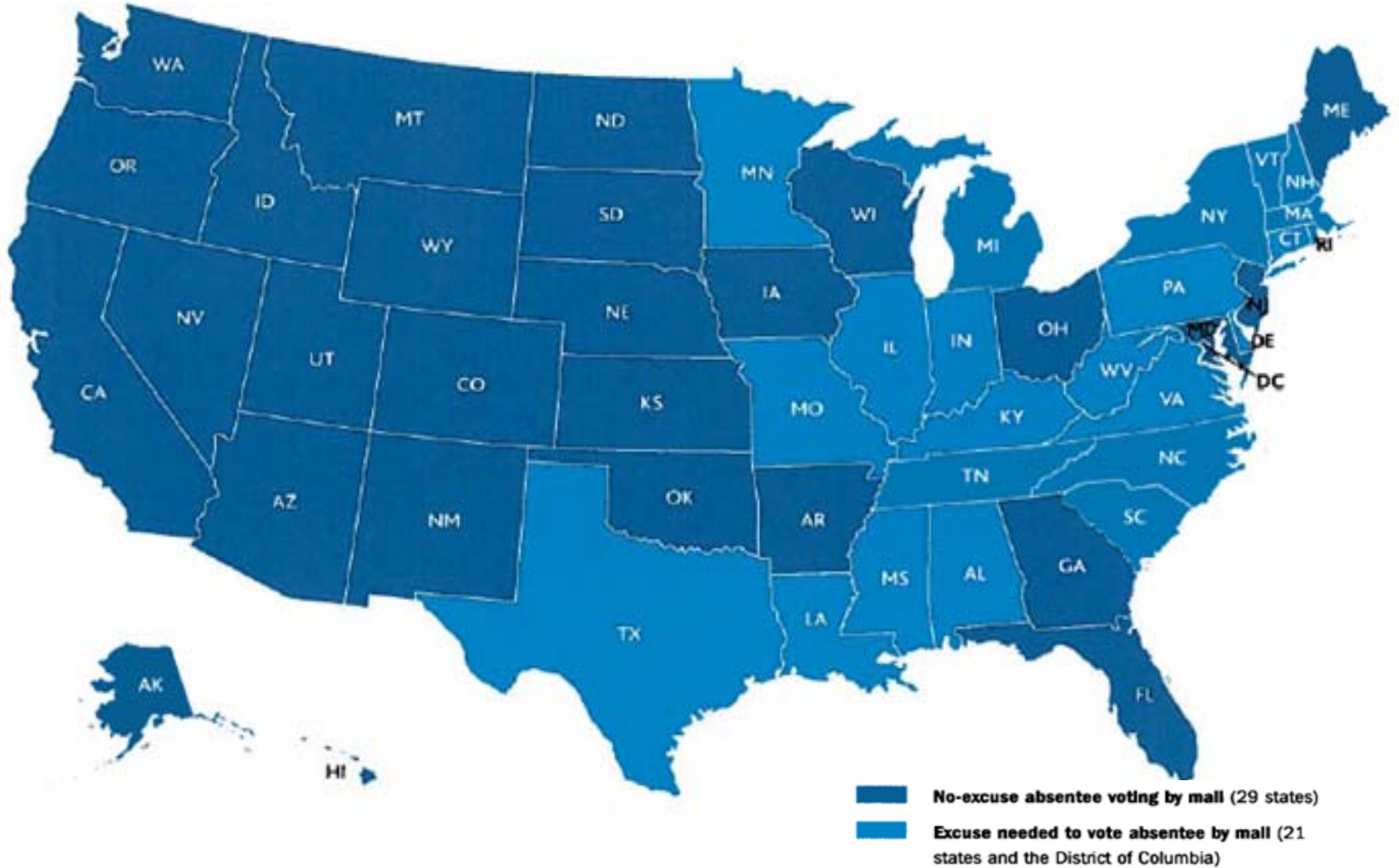


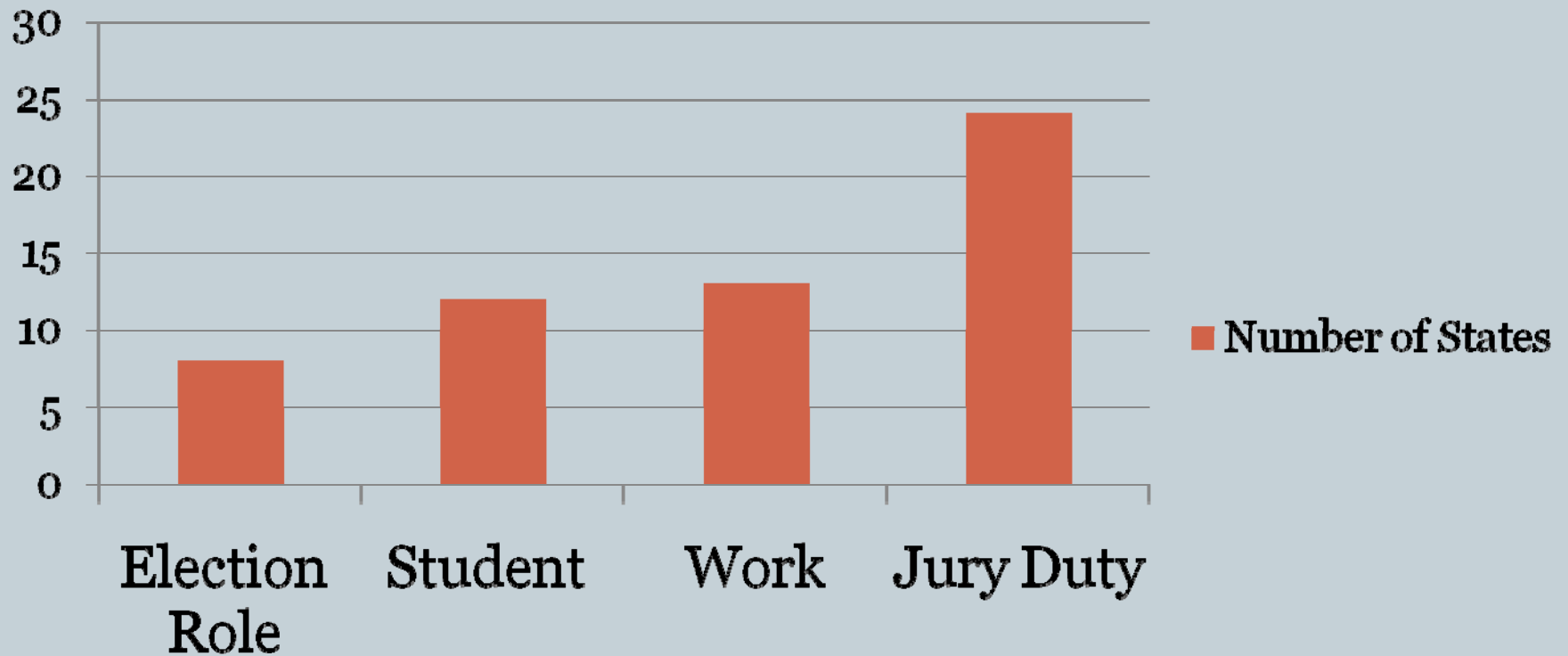
# Absentee Voting in the 21<sup>st</sup> Century



# States Are Still Restricting Legitimate Absentee Excuses



## Common Absentee Excuses That States Do Not Accept



Commonwealth of Virginia

# ABSENTEE BALLOT APPLICATION

A SEPARATE FORM MUST BE SUBMITTED FOR EACH PERSON FOR EACH ELECTION

- I am a registered voter in the County/City of \_\_\_\_\_
- I am applying to vote by absentee ballot in the following election . . .
- General or Special or  Democratic Primary or  Republican Primary  
to be held on \_\_\_\_\_, 20\_\_\_\_

OFFICE USE ONLY

Appl. No. \_\_\_\_\_

PCT \_\_\_\_\_ DIST \_\_\_\_\_

Date Received \_\_\_\_\_

In Person •  In Person - Ballot to be Mailed  
 By Mail •  By Fax •  Other

Application Accepted •  YES •  NO

Reason Denied \_\_\_\_\_

Reviewed By \_\_\_\_\_

BALLOTS MAILED ONLY IF PARTS A THROUGH E ARE COMPLETED.

MAXIMUM PENALTY FOR ANY FALSE STATEMENT: \$2500 FINE AND/OR 10 YRS IN JAIL.

## PART A

*I expect to be absent on election day or I cannot go to the polls because: [Check one box only in Part A. Provide required information.]*  
EXCEPTION: "FIRST TIME VOTERS IN VIRGINIA" who registered to vote by mail MAY VOTE BY MAIL ONLY if the reason code in Part A is 1A, 2A, 6A, 6B or 6D.

### STUDENT

- 1A  I am a student attending . . . OR 1B  I am the spouse of a student attending . . .
- \_\_\_\_\_  
Name & Address of School [Required for 1A & 1B]

### CARE GIVER

- 2B  I am the primary care giver for a family member whose name is \_\_\_\_\_  
[Required]  
and whose illness or disability is \_\_\_\_\_  
[Required]

### BUSINESS

- 1C  I will be absent on business
- \_\_\_\_\_  
Name of Employer or Business [Required]

### CONFINEMENT

- 3A  I am confined, awaiting trial, OR  
3B  I am confined, having been convicted of a misdemeanor, in . . .
- \_\_\_\_\_  
Place of Confinement & Address [Required for 3A & 3B]

### PERSONAL BUSINESS OR VACATION

- 1D  I will be traveling on personal business or vacation
- \_\_\_\_\_  
Place of Travel [Required]

### ELECTION OFFICIAL

- 4A  I am an Electoral Board member, a Registrar, an Officer of Election, or a custodian of voting equipment

### WORKING AND COMMUTING TO AND FROM HOME FOR 11 OR MORE HOURS BETWEEN 6:00 AM AND 7:00 PM

- 1E  I will be working and commuting on election day  
From \_\_\_\_\_ AM to \_\_\_\_\_ PM [Required]
- \_\_\_\_\_  
Name of Employer or Business [Required]
- \_\_\_\_\_  
Address of Employer or Business [Required]

### RELIGION

- 5A  I have a religious obligation
- \_\_\_\_\_  
Religion & Nature of Obligation [Required]

### U.S. UNIFORMED SERVICES

- 6A  I am on active duty in the Merchant Marine or Armed Forces, OR  
6B  I am the spouse or a dependent residing with the above (6A)
- \_\_\_\_\_  
Branch of Service, Rank, Grade or Rate, Service ID No. [Required for 6A & 6B]

### DISABILITY OR ILLNESS

- 7A  I have a physical disability or illness
- \_\_\_\_\_  
Nature of Physical Disability or Illness [Required]

### TEMPORARILY RESIDING OUTSIDE U.S.

- 6D  I am temporarily residing outside the continental limits of the U.S.
- \_\_\_\_\_  
Last date of residence in Virginia  
(ONLY REQUIRED if your residence is no longer available to you)

**State of Delaware - Affidavit for Absentee Ballot - General or Special Election**  
 Complete Column "I" and then complete Section "A" or "B" as appropriate.

Column "I"	Section "A"	Section "B"
<p><b>PLEASE PRINT LEGIBLY</b></p> <p>Full Name: _____                      Address of your home in Delaware:                      _____                      _____</p> <p>Date of Birth: _____                      SSN(optional): _____</p> <p>Political Party                      Affiliation: _____</p> <p>Telephone Number: _____</p> <p>Email Address: _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                         Address to which ballot is to be mailed if it is different than the Delaware address written above:                          _____                          _____                          _____                     </div> <p><b>I request a ballot for the following elections:</b>  <input type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Special   <input type="checkbox"/> All elections</p> <p>NOTE: Public School Elections require a different affidavit.</p> <p align="center"><i><b>BELOW IS FOR OFFICE USE ONLY</b></i></p> <p>ED: _____ RD: _____ Style: _____</p> <p>Mail <input type="checkbox"/> In Person   <input type="checkbox"/> ID: _____ Party: _____</p> <p>Date Affidavit Returned: _____</p> <p>Voucher Number: _____</p> <p>Date Ballot Mailed: _____</p>	<p><b>THIS SECTION DOES NOT HAVE TO BE NOTARIZED.</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">                         Complete this section if you are temporarily or permanently physically disabled or if you cannot go to your polling place because of one of the other reasons listed below.                     </div> <p>I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election(s) for the reason checked below and that the information contained herein is true.</p> <p><b>Check the appropriate box below:</b></p> <p><input type="checkbox"/> I am sick, or temporarily or permanently physically disabled.</p> <p><input type="checkbox"/> I am in public service of the U.S. or the State of Delaware.</p> <p><input type="checkbox"/> I am a spouse or dependent residing with or accompanying a person temporarily residing outside the territorial limits of the United States and the District of Columbia.</p> <p>Signature of voter: _____</p> <p>My expected location on election day is:                      _____                      _____</p> <p>Telephone number at my expected location on Election Day:                      _____</p> <p>Date: _____</p>	<p><b>THIS SECTION <u>MUST</u> BE NOTARIZED.</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">                         Complete this section if you cannot go to your polling place for one of the reasons listed below.                     </div> <p>I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election(s) for the reason checked below and that the information contained herein is true.</p> <p><b>Check the appropriate box below:</b></p> <p><input type="checkbox"/> Due to the nature of my business or occupation (this includes students).</p> <p><input type="checkbox"/> I am incarcerated.</p> <p><input type="checkbox"/> I am absent from the district while on vacation.</p> <p><input type="checkbox"/> Due to the tenets or teachings of my religion.</p> <p>Signature of voter: _____</p> <p>My expected location on Election Day is:                      _____                      _____</p> <p>Telephone number at my expected location on Election Day:                      _____</p> <p>Subscribed and sworn to before me this _____                      Day of _____</p> <p>NOTARY: _____</p>



## VOTING

[Registration](#)  
[VotingID](#)  
[Requirements](#)  
[Absentee Voting](#)  
[Military/Overseas Voting](#)  
[County Election Commissions](#)  
[State Election Commission](#)  
[District Maps](#)  
[Election Dates](#)

## CANDIDATES

[Candidates List](#)  
[Candidate Qualifying Info.](#)

## RESULTS

[Past Election Results](#)

## OTHER

[Campaign Finance](#)  
[TN Ethics Commission](#)  
[Statistical Data](#)  
[General Info.](#)  
[Electoral College](#)  
[State Rules and Regulations](#)  
[Help America Vote Act](#)

## DIVISION

### INFORMATION

[Division Homepage](#)  
[Contact Division](#)

## 2. Who may apply to vote absentee?

To vote as an early voter, a registered voter may vote without giving a reason during the established early voting period. The early voting period typically begins twenty (20) days before an election and ends five (5) days before an election. In those instances in a city election where there is not any opposition on the ballot, early voting begins ten (10) days before the election.

To vote by mail, a registered voter must fall under one of the following categories:

1. The voter will be outside the county of registration during the early voting period and all day on election day;
2. The voter or the voter's spouse is enrolled as a full-time student in an accredited college or university outside the county of registration;
3. The voter's licensed physician has filed a statement with the county election commission stating that, in the physician's judgment, the voter is medically unable to vote in person. The statement must be filed not less than five (5) days before the election and signed under the penalty of perjury;
4. The voter resides in a licensed facility providing relatively permanent domiciliary care, other than a penal institution, outside the voter's county of residence;
5. The voter will be unable to vote in person due to service as a juror for a federal or state court;
6. The voter is sixty-five (65) years of age or older;
7. The voter has a physical disability and an inaccessible polling place;
8. The voter is hospitalized, ill, or physically disabled and because of such condition, cannot vote in person;
9. The voter is a caretaker of a person who is hospitalized, ill, or disabled;
10. The voter is a candidate for office in the election;
11. The voter serves as an election day official or as a member or employee of the election commission;
12. The voter's observance of a religious holiday prevents him or her from voting in person during the early voting period and on election day;
13. The voter possesses a valid commercial driver license and certifies that he or she will be working outside the state or county of registration during the early voting period and all day on election day;
14. The voter is a member of the military or is an overseas citizen. **more info...**