

Federal Write-in Absentee Ballot (FWAB)

For absent Uniformed Service members, their families, and citizens residing outside the U.S.

For any questions about this form, consult the Voting Assistance Guide available in hard copy or on FVAP.gov or your Voting Assistance Officer.

Instructions for Voter's Declaration/Affirmation

The **gray** numbers and instructions below correspond to the **gray** numbered boxes on the face of the form.

1 In most States, you must have registered and requested an absentee ballot from your voting jurisdiction to use this form. If you have not done this, you cannot use this form unless your State allows voter registration via the FWAB. If your State does not allow you to register to vote using this form and you have not already submitted a Federal Post Card Application or registered/requested an absentee ballot by other means, your FWAB will not be counted.

2 The classification you choose may determine in which election(s) you will be allowed to vote. Choose the one that best represents your current situation.

3 The information you enter for your name should match the information you used to register to vote. The local election official who receives this form will match this to your voter registration information.

4 While most States allow you to enter either your Driver's License number or the last 4 digits of your Social Security Number, some will invalidate this form without your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov to see if your State requires the full SSN.

Also, many States ask that you provide your race or ethnic group in order to demonstrate that they are complying with the Voting Rights Act and the National Voter Registration Act.

5 If there are questions about your form, local election officials will use this information to contact you. An email address is the simplest and fastest way for them to do so. Your voting materials will be sent to the email address(es) that you provide here if you request it and your State allows it. Include an alternate phone number in Box 9 if necessary.

6 If you want to vote in primary elections, most States require you to specify a political party.

7 This determines the jurisdiction where you vote. For military voters the voting address is your legal U.S. residence. For overseas citizens this is usually the U.S. address where you last lived. You do not need to have any current physical ties to this address. Do not use a post office box number. If the area has no street names, enter the route number and box number. The address you enter here must match the address you used when you requested an absentee ballot.

8 Enter the address where you want voting materials to be sent. Voting materials will be sent to this address unless you enter a forwarding address in Box 9.

9 Enter anything here that would help ensure your ballot is accepted. Indicate your preferred method for receiving future ballots: email, online download, or fax if requested. You can always get your absentee ballot by mail. Check your State's pages in the Voting Assistance Guide on FVAP.gov for anything your State may specifically require here.

Affirmation Read this carefully. It is what you are agreeing to under oath and penalty of perjury by filling out and sending in this form. Some States require that your form be witnessed. Check your State's pages in the Voting Assistance Guide for your State's requirements.

Instructions for Official Federal Write-in Absentee Ballot

To vote, write in either a candidate's name or a political party for each office. Your State may allow you to vote in State and local elections in the Addendum section of this ballot. If you submit the FWAB and later receive your State ballot you should make every reasonable effort to inform your local election office and return your State ballot.

Some States allow you to send your Federal Write-in Absentee Ballot electronically after printing, signing and scanning.

To return by mail, fold the ballot. Put it in a blank envelope, seal the envelope, and mark it "Security Envelope." This security envelope keeps your vote private.

Put the security envelope and the Declaration / Affirmation form into a larger envelope together. Seal the larger envelope.

To send your ballot:

- For non-U.S. mailing, put the correct amount of local postage in the top right corner on the front of the large envelope.
- In the upper left corner, enter your current complete military or overseas mailing address and the election date.
- Under "To," enter the name and mailing address of the local election official to whom you are sending the packet. It must be the same local election office where you sent your request for an absentee ballot.

Agency Disclosure Statement

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100. [OMB CONTROL #0704-0502]. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ADDRESS ABOVE.

Privacy Act Statement

Authority: The authority to collect your personal information on this form comes from 42 USC 1973ff, "Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)."

Principal Purpose: This form serves as a write-in absentee ballot for elections for Federal office or other elections provided by State law or special provisions for all persons covered by UOCAVA.

Routine Use(s): There is no retention of this information by the Federal government. Completed forms are sent by you to an appropriate State election official.

Disclosure: Your disclosure of personal information is voluntary. However, failure to provide the requested information may result in the Federal Write-in Absentee Ballot not being recognized and therefore not counted.

Voter's Declaration/Affirmation

Federal Write-in Absentee Ballot (FWAB)

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For absent Uniformed Service members, their families, and citizens residing outside the U.S.

Please print in black ink.

Qualification & Voter Registration Many States require that you be registered and request an absentee ballot before using this form.	1 Have you already registered and requested an absentee ballot? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer No, you can do this via the Federal Post Card Application, or in a few States, by marking the box below. Check your State's pages in the Voting Assistance Guide on FVAP.gov to see if your State allows registration via this form. <input type="checkbox"/> I also want to register to vote and/or request an absentee ballot for all elections in which I am eligible to vote.
Classification Make only 1 selection.	2 <input type="checkbox"/> I am a member of the Uniformed Services or Merchant Marine on active duty OR <input type="checkbox"/> I am an eligible spouse or dependent. <input type="checkbox"/> I am an activated National Guard member on State orders. <input type="checkbox"/> I am a U.S. citizen residing outside the United States, and I intend to return. <input type="checkbox"/> I am a U.S. citizen residing outside the United States, and my return is not certain. <input type="checkbox"/> I am a U.S. citizen and have never resided in the United States.
Legal name	3 Last name _____ Suffix _____ First name _____ Middle name _____ Previous name (if applicable) _____
Identification Some States require your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov .	4 State Driver's License or I.D. _____ OR Social Security Number _____ Birth date <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> Sex <input type="checkbox"/> M <input type="checkbox"/> F Race _____ <small>M M D D Y Y Y Y</small> See Instructions
Contact information Include international prefixes. No DSN numbers.	5 Telephone _____ Fax _____ Email _____ Alternate Email _____
Political party	6 Your State may require you to specify a political party to vote in primary elections: _____
Voting residence address Usually your last U.S. residence or your legal U.S. residence. See instructions.	7 Street Address (not P.O. Box) _____ Apt. # _____ City/Town/Village _____ County _____ State _____ Zip Code _____
Where to send my voting materials This is your current mailing address and should be different from above. If required, place a forwarding address in Box 9.	8 _____
Additional requirements for your State Such as: future ballot receipt preference, mail forwarding address, additional phone, or other State required information. See your State's pages in the Voting Assistance Guide on FVAP.gov .	9 _____

Affirmation (REQUIRED): 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 understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.
- I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
- I am not disqualified to vote due to having been convicted of a felony or other disqualifying offense, nor have I been adjudicated mentally incompetent; or if so, my voting rights have been reinstated; and
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the United States, except the jurisdiction cited in this voting form.
- In voting, I have marked and sealed this ballot in private and have not allowed any person to observe the marking of this ballot, except those authorized to assist voters under State and Federal law.

Signature X

Today's date _____ You must sign and send in.
M M D D Y Y Y Y

Witness signature / date if required by your State.

Signature _____

Date _____

