**Virginia Absentee Ballot Application Form**

### Your Name & SSN

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Middle Name</th>
<th>First Name</th>
<th>Suffix</th>
<th>Social Security #</th>
</tr>
</thead>
</table>

### Election

- **I am applying to vote in:**
  - [ ] General or Special Election
  - [ ] Democratic Primary
  - [✓] Republican Primary
- **Date of Election:** 06/23/20
- **I am registered to vote in the:**
  - [ ] County
  - [ ] City

### Reason for Absentee Ballot

- **Reason Code:** N2A
- **Supporting Info (if required):** COVID - 19

### More Info (Optional)

<table>
<thead>
<tr>
<th>Birth Year</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>YYYYYYYYYY</td>
<td>NNNNNNNNN-NNNNNNNN</td>
</tr>
</tbody>
</table>

### Residence Address

- **City:** FREDERICKSBURG
- **State:** VA
- **Zip Code:** 22402

### Delivery of Ballot

- **I would like my ballot delivered to:**
  - [ ] Residence Address (Provided in Part #5)
  - [ ] Email (6A-6D Only) (Provide in Part #4)
  - [ ] Fax (6A-6D only) (Provide in Part #4)

<table>
<thead>
<tr>
<th>Address</th>
<th>APT/Suite #</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State/Country</td>
</tr>
<tr>
<td>YYYYYYYYYY</td>
<td>NNNNNNNNN-NNNNNNNN</td>
</tr>
</tbody>
</table>

### Change of Name/Address

- **Former Full Name:**
- **Former Address:**
- **Date Moved:** MMDYY

### Assistance To Vote

- [ ] I will need assistance in completing my ballot due to a disability, blindness, or inability to read or write. If checked, assistance form will be provided with ballot.

### Assistant’s Statement/Info

- **Full Name:**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **APT/Suite #:**

### Applicant Signature

- **I swear/affirm, under felony penalty for making willfully false material statements, that (1) the information I have provided on this form is true and I have written on the Applicant’s signature line in part #10 “Applicant Unable to Sign.”**
- **Signature:**
- **Today’s Date:** MMDYY

### Office Use Only

- **Application Accepted:** [ ] Yes [ ] No
- **Reason Not Accepted:**

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*COVID-19: Assistance To Vote*

- I will need assistance in completing my ballot due to a disability, blindness, or inability to read or write. If checked, assistance form will be provided with ballot.

*Instructions on reason codes are on page 4*

- Your application will be denied if a qualifying reason and required information are not provided.

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*SBE-701 Rev. 07/2018*