

Provisional Ballot - All other provisional reasons

*Voter is on this precinct's pollbook*

Precinct # \_\_\_\_\_

Primary elections—Party ballot ☐ D ☐ R

Starred (\*) items are required. If you do not complete all of the items that are marked with \*, your vote may not count.

1 \* Last Name \_\_\_\_\_ Jr. Sr. II III IV (Circle one) Other (write in) \_\_\_\_\_  
\* First Name \_\_\_\_\_ \* Middle Name \_\_\_\_\_ ☐ None

2 \* Date of Birth (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3 \* Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Last 4 digits required  
Providing your full Social Security number may help determine your eligibility to vote.

4 \* Residence Address (May not be a P.O. Box) \_\_\_\_\_ Apt. \_\_\_\_\_  
\* City/Town \_\_\_\_\_ \* ZIP Code \_\_\_\_\_  
If address is different than voter registration record, provide the date you moved (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5 Email \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

6 Statement of Voter

To the best of my knowledge, I am a registered voter of this locality, and I am eligible to vote in this election. I hereby affirm that I have read the Privacy Act Notice and Warning.

\* Signature **X**

Today's date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM/DD/YYYY)

**Privacy Act Notice:** This form requires personal information, including information related to your Social Security number, for identification purposes and to prevent fraud. Federal law (the Privacy Act and Help America Vote Act) and state law (the Virginia Constitution, Article II, § 2; Title 24.2 of the Code of Virginia; and the Virginia Government Data Collection and Dissemination Practices Act) authorize collecting this information and restrict its use to official purposes only. Failure to provide the requested information may prevent determining your eligibility to vote and result in your provisional ballot not being counted.

**Warning:** Intentionally making a materially false statement on this form constitutes the crime of election fraud, punishable as a felony in Virginia. Violators may be sentenced up to 10 years in prison, or up to 12 months in jail and/or fined up to \$2,500.

Election Officer Use

Select a Reason

- ☐ #3 Voting after hours due to court order  
☐ #4 Vote by mail - no ballot to surrender  
☐ #5 Shown on pollbook as already voted  
☐ #6 Other \_\_\_\_\_  
☐ #7 Voter does not have required ID and declined to complete the ID Confirmation Statement

Comments

Election Officer  
Signature

**X**

Staff/Electoral Board Use

Voter ID # \_\_\_\_\_

Adjudication

☐ Count

☐ Do not count

Voter Identification

1. If the voter returns with the proper identification,  
check this box and sign ☒ **X** \_\_\_\_\_  
2. Attach a copy of the identification document.

FLAP

Same Day Registration Provisional Ballot
Voter resides in this precinct but is not on this precinct's pollbook

SDR

Precinct #

Primary elections—Party ballot D R

Starred (\*) items are required. If you do not complete all of the items that are marked with \*, your application may be denied.

1 \* Yes No I am a citizen of the United States of America
\* Full social security number - - - - - SSN never issued
\* Date of Birth (MM/DD/YYYY) / /
\* Gender

2 \* Last Name Jr. Sr. II III IV (Circle one) Other (write in)
\* First Name \* Middle Name None
\* Residence Address (May not be a P.O. Box) Apt.
\* City/Town \* ZIP Code
Email Phone - -

3 \* Yes No I have been convicted of a felony or judged mentally incapacitated and disqualified to vote.
Yes No If yes, has your right to vote been restored?

4 I am an active-duty uniformed services member, spouse or dependent; or an overseas citizen.
I am providing a mailing address (below) because my residence address cannot receive mail or I am homeless.
I am providing a Virginia P.O. Box (below) to protect my residence address from public disclosure because I or a household member is/has:
An active or retired law enforcement officer, judge, magistrate, U.S. or Virginia Attorney General attorney.
Been granted a court issued protective order.
In fear for personal safety from being threatened or stalked by another person.
A participant in the Virginia Attorney General's Address Confidentiality Program.
Been approved to be a foster parent.
A current or former state or local election official, their employee, or Commonwealth elector for President or Vice President

My mailing address
(Complete only if you have checked a box in this section)

5 I am currently registered to vote in another state. Name of state

6 I am interested in being an officer of election (poll worker) on Election Day. Send me information.

7 \* AFFIRMATION: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true and that, to the best of my knowledge, I am eligible to vote in this election. I authorize the cancellation of my current registration and I hereby affirm that I have read the Privacy Act Notice and Warning. (See other side of envelope for Privacy Act Notice and Warning.)

\* Signature X Today's date MM/DD/YYYY

By checking this box, I affirm both that I am an individual with physical disabilities and the Affirmation Statement above. Pursuant to Article II, § 2 of the Constitution of Virginia, individuals with physical disabilities are not required to sign the application for voter registrations.

Election Officer Use
#1 Same Day Registration (not on pollbook)
Time: a.m. p.m. (circle one)
Yes No Did voter show ID or complete ID Confirmation Statement?
Comments
Election Officer Signature X

Office/Electoral Board Use
Voter ID #
Adjudication Count Do not count
Voter Identification
1. If the voter returns with the proper identification, check this box and sign X
2. Attach a copy of the identification document.