

VIRGINIA VOTER REGISTRATION APPLICATION FORM

Use this form to register to vote in Virginia or report a change in name or address.

To register to vote in Virginia, you must:

- ✓ Be a **United States citizen**
- ✓ Be a **resident of Virginia**
- ✓ Be **18 years old by the next general election**
- ✓ Have **had your voting rights restored** if you have ever been convicted of a felony
- ✓ Have **had your capacity restored** if you have ever been declared mentally incapacitated in a Circuit Court.

IMPORTANT!

DEADLINE: 29 DAYS BEFORE THE ELECTION

This form must be postmarked (or delivered to the county or city voter registration office or DMV) no later than 29 days before the election in which you plan to vote. However, if you are already registered to vote at your current address, you do not need to re-register. Photocopies of this application are accepted with an original signature. The only time faxes are accepted is for an address change.

PRIVACY ACT NOTICE: Article II, Section 2 of the Constitution of Virginia (1971) requires that a person registering to vote provide his or her social security number, if any. Therefore, if you do not provide your social security number, your application for voter registration will be denied. Section 7 of the Federal Privacy Act (Public Law Number 93-579) allows the Commonwealth to enforce this requirement, but also requires that you be advised that state and local voting officials will use the social security number as a unique identifier to ensure that no person is registered in more than one place. This registration card will not be open to inspection by the public. Your social security number will appear on reports produced only for official use by voter registration and election officials, and for jury selection purposes by courts.

WARNING: INTENTIONALLY MAKING A FALSE STATEMENT ON THE VOTER REGISTRATION APPLICATION CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IMPRISONMENT, OR UP TO 12 MONTHS IN JAIL, AND FINED UP TO \$2,500.

ATTENTION: You must answer the boxes 1 - 11. If you do not complete all of the specified boxes your application will be denied. Once your local registrar approves your application, you should receive a voter card.

1	Commonwealth of Virginia PREVIOUS VOTER REGISTRATION INFORMATION (REQUIRED)
<input type="checkbox"/> NO I have never registered to vote in the past. ▶ If NO, skip to Box 2. <input type="checkbox"/> YES I am registered to vote at another address in Virginia or in another state. ▶ If YES, the information below must be completed.	
FULL LEGAL NAME _____ DATE OF BIRTH _____ ADDRESS AT WHICH YOU WERE PREVIOUSLY REGISTERED TO VOTE _____ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____ CITY/TOWN _____ STATE _____ ZIP CODE _____ CITY/COUNTY/TOWN OF RESIDENCE (IF APPLICABLE) _____	
This cancellation information will be sent to the county or city and state you entered above. VIRGINIA - 1	

2	Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO	4	Will you be 18 years of age on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO	5	If you checked "no" in response to either of these questions, do not complete this form.
3	SOCIAL SECURITY NUMBER _____	4	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5	DATE OF BIRTH ____/____/____
6	LAST NAME (Print) _____	7	FIRST NAME _____	8	DAYTIME TELEPHONE NUMBER _____
6	FULL MIDDLE OR MAIDEN NAME _____		SUFFIX (JR., SR., III, ETC.) _____		DATE OF BIRTH ____/____/____
7	RESIDENCE /HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) _____		APT/UNIT/LOT/RM/SUITE _____		CITY OR TOWN _____
7	IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED (I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD-NORTH, EAST, ETC.; NEAREST LANDMARK) _____		CITY OR TOWN _____		ZIP CODE _____
7	MAILING ADDRESS (if different) VIRGINIA P. O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE) _____		NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY OR <input type="checkbox"/> COUNTY OF		
9	• HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____		10	• HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____	
11	REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE.				
REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN). SIGN HERE <input type="checkbox"/> _____ DATE → _____					
If applicant is unable to sign, write below the name/address of person who assisted: (REQUIRED) _____					

<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.	You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 7 above. <input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER <input type="checkbox"/> THREATENED/STALKED	<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.		
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS

COUNTY AND CITY ADDRESSES OF GENERAL REGISTRARS

ACCOMACK COUNTY
 PO BOX 97
 ACCOMACK, VA 23301-0097
 757-787-2935

ALBEMARLE COUNTY
 PMB 404 536 Pantops Center
 CHARLOTTESVILLE, VA 22911
 434-951-6798

ALEXANDRIA CITY
 132 NORTH ROYAL STREET
 STE. 100
 ALEXANDRIA, VA 22314-3283
 703-838-4050

ALLEGHANY COUNTY
 110 Rosedale Ave., Suite C
 COVINGTON, VA 24426-1294
 540-965-1690

AMELIA COUNTY
 PO BOX 481
 AMELIA, VA 23002-0481
 804-561-3460

AMHERST COUNTY
 PO BOX 550
 AMHERST, VA 24521-0550
 434-946-9315

APPOMATTOX COUNTY
 PO BOX 8
 APPOMATTOX, VA 24522-0008
 434-352-5302

ARLINGTON COUNTY
 2100 CLARENDON BLVD STE 320
 ARLINGTON, VA 22201-5400
 703-228-3456

AUGUSTA COUNTY
 PO BOX 590
 VERONA, VA 24482-0590
 540-245-5656

BATH COUNTY
 PO BOX 157
 WARM SPRINGS, VA 2448-40157
 540-839-7266

BEDFORD COUNTY
 COUNTY ADMIN BUILDING
 122 EAST MAIN ST STE 204
 BEDFORD, VA 24523-2000
 540-586-7649

BEDFORD CITY
 PO BOX 807
 BEDFORD, VA 24523-0807
 540-587-6007

BLAND COUNTY
 PO BOX 535
 BLAND, VA 24315-0535
 276-688-4441

BOTETOURT COUNTY
 PO BOX 62
 FINCASTLE, VA 24090-0062
 540-473-8235

BRISTOL CITY
 300 Lee Street
 BRISTOL, VA 24201-4327
 276-645-7318

BRUNSWICK COUNTY
 100 TOBACCO ST RM 103
 LAWRENCEVILLE, VA 23868-1823
 434-848-4414

BUCHANAN COUNTY
 PO BOX 975
 GRUNDY, VA 24614-0975
 276-935-6534

BUCKINGHAM COUNTY
 PO BOX 222
 BUCKINGHAM, VA 23921-0222
 434-969-4304

BUENA VISTA CITY
 2039 SYCAMORE AVE
 BUENA VISTA, VA 24416-3133
 540-261-8605

CAMPBELL COUNTY
 PO BOX 103
 RUSTBURG, VA 24588-0103
 434-332-9579

CAROLINE COUNTY
 PO BOX 617
 BOWLING GREEN, VA 22427-0617
 804-633-9083

CARROLL COUNTY
 GOVERNMENTAL CENTER
 6053 PINE STREET B 110
 HILLSVILLE, VA 24343-1404
 276-730-3035

CHARLES CITY COUNTY
 PO BOX 146
 CHARLES CITY, VA 23030-0146
 804-829-9210

CHARLOTTE COUNTY
 PO BOX 118
 CHARLOTTE CH, VA 23923-0118
 434-542-5856

CHARLOTTESVILLE CITY
 PO BOX 911
 CHARLOTTESVILLE, VA 22902-0911
 434-970-3250

CHESAPEAKE CITY
 411 CEDAR ROAD
 CHESAPEAKE, VA 23322-5566
 757-277-9797

CHESTERFIELD COUNTY
 PO BOX 1690
 CHESTERFIELD, VA 23832-1690
 804-748-1471

CLARKE COUNTY
 PO BOX 555
 BERRYVILLE, VA 22611-0555
 540-955-5168

COLONIAL HEIGHTS CITY
 PO BOX 3401
 COLONIAL HEIGHTS, VA 23834-9001
 804-520-9277

COVINGTON CITY
 1011A NORTH ROCKBRIDGE AVE
 COVINGTON, VA 24426-1534
 540-965-6380

CRAIG COUNTY
 PO BOX 8
 NEW CASTLE, VA 24127-0008
 540-864-6190

CULPEPER COUNTY
 131 WEST DAVIS ST
 CULPEPER, VA 22701-3017
 540-825-8441

CUMBERLAND COUNTY
 PO BOX 8
 CUMBERLAND, VA 23040-0008
 804-492-4504

DANVILLE CITY
 515 MAIN STREET
 DANVILLE, VA 24541-1317
 434-799-6560

DICKENSON COUNTY
 DMV BUILDING HWY 83
 PO BOX 1306
 CLINTWOOD, VA 24228-1306
 276-926-1620

DINWIDDIE COUNTY
 PO BOX 365
 DINWIDDIE, VA 23841-0365
 804-469-4512

EMPORIA CITY
 PO BOX 1092
 EMPORIA, VA 23847-1092
 434-634-9533

ESSEX COUNTY
 PO BOX 1561
 TAPPAHANNOCK, VA 22560-1561
 804-443-4611

STATE BOARD OF ELECTIONS VOICE: 1-800-552-9745 TTY: 1-800-260-3466 RICHMOND LOCAL: 1-804-864-8910

MAILING INSTRUCTIONS

Detach the return envelope that is provided. Write your name and return address in the space provided on the front. Write the address of the registrar's office in the county or city where you live.

IDENTIFICATION REQUIREMENT

For Registration. Under a new federal law, if this form is submitted by mail, and you have never registered to vote in Virginia before, you must send with this application either (a) a copy of your current and valid photo identification, or (b) a copy of a current utility bill, bank statement, government check, paycheck or other government document that shows your name and address. Otherwise, you may be required to show election officials either (a) or (b) above the first time you vote in a federal election.

For Voting. Virginia law requires every voter voting in person to show identification or sign a statement, subject to felony penalties for false statements pursuant to §24.2-1016, that the person is the named registered voter.

_____ REACTIVATED <input type="checkbox"/> _____ INACTIVE STATUS <input type="checkbox"/> _____ RE-REGISTERED <input type="checkbox"/> _____ TRANSFERRED OUT <input type="checkbox"/>	_____ NVRA PURGE <input type="checkbox"/> _____ ERROR DELETED <input type="checkbox"/> _____ JUDGED INCAPACITATED <input type="checkbox"/>	_____ CONVICTED OF A FELONY <input type="checkbox"/> _____ PERSONAL REQUEST <input type="checkbox"/> _____ OUT OF STATE <input type="checkbox"/> _____ DECEASED <input type="checkbox"/>
DATE CHANGED	AUTHORIZED BY	NEW PCT
DATE CHANGED	NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX	NEW LAST NAME
OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY