

ELECTION SYSTEM OF THE VIRGIN ISLANDS

Sunny Isle Annex Unit 4 Christiansted, VI | P.O. Box 1499 Kingshill, VI 00851 (340) 773-1021
9200 Lockhart Garden Shopping St. Thomas, VI | P.O. Box 6038 St. Thomas, VI 00804 (340) 774-3107

Website: www.vivote.gov

EMAIL APPLICATION: St. Croix- esviballotstx@vi.gov or St. Thomas-St. John- esviballotstt@vi.gov

ABSENTEE BALLOT APPLICATION

APPLICATION INFORMATION
TYPE OR PRINT ONLY

Name: _____ Sex: Male ☐ Female ☐
(As listed on the voter Registration Card)

Last Four Digits of SS Number: _____ Date of Birth: _____ Place of Birth: _____

Party Affiliation: Democrat ☐

Local Physical Address (No. and Street)

(As listed on registration card)

Local Mailing Address:

Telephone: _____/Work _____/Home _____/Cellular _____/Fax

Email Address: _____

MAIL ABSENTEE BALLOT TO: (Complete mailing address where you want ballot to be mailed)

METHOD OF PREFERENCE IN RECEIVING APPLICATION OR BALLOT: WALK-IN ☐ MAIL-IN ☐ E-Mail (MILITARY ONLY) ☐

REASON FOR ABSENTEE BALLOT (MARK X ONLY ONE):

- ☐ a. Member of the Armed Forces and Spouse or dependent
☐ b. A student residing outside the Territory
☐ c. An officer or employee of the Government of the Virgin Islands or Government of the U.S.
☐ d. Unable to appear because of illness or physical disability (permanent or temporary)
☐ e. A patient in a hospital, nursing home or home for the aged
☐ f. Absent from District because of accompanying a spouse, parent or child who would be entitled to apply for the right to vote by Absentee ballot
☐ g. Detained in jail awaiting action by a grand jury or trial, or has been confined in prison after a conviction for an offense other than a felony
☐ h. Any person who has not been out of the election district for more than 90 days prior to the date of the election for which an absentee status is sought
☐ i. Religious grounds
☐ j COVID-19 (Corona Virus Pandemic) **ACT 8294 expires on December 31, 2020.**

I REQUEST AN ABSENTEE BALLOT FOR THE FOLLOWING ELECTION(S):

☐ PRIMARY ☐ GENERAL ☐ SPECIAL ☐ ALL Elections conducted in the calendar year

SIGNATURE OF VOTER or Voter Representative

DATE

I swear or affirm to the self-administered oath, under penalty of perjury that:

- A. I am a United States Citizen, eligible to vote in the United States Virgin Islands.
B. I have not been convicted of a felon or other disqualifying offense or been adjudicated mentally incompetent, or if so my voting rights have been reinstated.
C. I am not requesting a ballot from or voting in any other State, Territory, or Possession or Subdivision of the United States or Foreign country in the coming election(s)
D. That I meet all the qualifications of a Virgin Islands elector.
E. The information on this form is true and correct.

SIGNATURE OF ELECTOR/VOTER

DATE

FOR OFFICIAL USE ONLY -- Registered Voter YES NO

Application Rejected ☐ ☐

REASON: _____

Ballot Issued ☐ ☐

Ballot Returned ☐ ☐ CLERK INITIAL: _____