

ELECTION SYSTEM OF THE VIRGIN ISLANDS

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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: (*Select only one*) Democrat Republican ICM
No Party

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: _____