

# ELECTIONS SYSTEM OF THE VIRGIN ISLANDS

Sunny Isle Shopping Center 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](http://www.vivote.gov)

EMAIL APPLICATION: St. Croix- [esviballotstx@vi.gov](mailto:esviballotstx@vi.gov) or St. Thomas-St. John- [esviballotstt@vi.gov](mailto: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.

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: \_\_\_\_\_