ELECTIONS SYSTEM OF THE VIRGIN ISLANDS

Sunny Isle Shopping Center Unit 26 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: esviballotsttj@vi.gov

ABSENTEE BALLOT APPLICATION

		TYPE OR PRINT ONLY		
ame:			Sex: Male F	emale
	(As listed on the voter	Registration Card)		
ast Four Digits of SS N	Number: [Date of Birth:	Place of Birth:	
arty Affiliation: (Sele	ct only one) Democrat	Republican	ICM No Pa	orty
ocal Physical Address	s (No. and Street)			
ocal Mailing Address	:	(As listed on regis	tration card)	
elephone:	/Work	/Home	/Cellular	/Fax
mail Address:				
METHOD OF PREFERE	NCE IN RECEIVING APPL	LICATION OR BALLOT: W	ALK-IN E-N	1AIL
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SIGNATURE OF	ELECTOR (VOTER)	ICATION OR BALLOT: WA	DATE	
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