

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

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 ___

SIGNATURE OF ELECTOR (VOTER)

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 Returned _____

Application Rejected _____ CLERK INITIAL: _____