

# Virginia Voter Registration Application Form

Use this form to register to vote in Virginia or report a change in name or address. If you are already registered with your current name and address, you do not need to re-register.

- To register to vote in Virginia, you must:**
- Be a **United States citizen**
  - Be a **resident of Virginia**
  - Be **18 years old by the next general election**
  - Have **had your voting rights restored** if you have ever been convicted of a felony
  - Have **had your capacity restored** if you have ever been declared mentally incapacitated in a Circuit Court

## Identification Requirement

**For Registration:** If you are registering for the first time by mail, federal law (the Help America Vote Act) requires you to provide identification the first time you vote in a federal election. Please enclose a copy of one of the following documents that shows your name and address with your application: (1) current and valid photo ID, (2) current utility bill, (3) bank statement, (4) government check, (5) paycheck, or (6) other government document. You can also present this required information at the polls, but may experience delays. *If eligible to vote absentee by mail, your mailed absentee ballot will not be counted unless the required identification has been provided to your local electoral board no later than noon on the Friday following the election.*

**For Voting:** Virginia law requires you also to provide identification when you vote in person. Your voter information card is acceptable identification. For information on other types of qualified identification, please visit: <http://www.sbe.virginia.gov/links/voterID> or call toll free at 1-800-552-9745 (TTY: 1-800-260-3466)

**Starred (\*) items are required.** If you do not complete all of the items that are marked with \*, your application may be denied. Once your local registrar approves your application, you will receive a voter card by mail.

**1** \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

**2** -- Male  Female / /  M  D  Y  Y  Y  Y --  
\* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number  
 None  None  
\* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

**3** \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
If Rural Address or Homeless, please describe where you reside E-mail address  
 City or  County:  
Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence

**4** \* Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
If YES, have your voting rights been restored?  YES  NO If YES, when restored? / / / / / /

**5** \* Have you ever been judged mentally incapacitated?  YES  NO  
If YES, has court restored you to capacity?  YES  NO If YES, when restored? / / / / / /

**6** **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

→ \* Signature (or mark if unable to sign) \_\_\_\_\_ / / / / / / /   
If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**7** \*Previous Voter Registration Information—Commonwealth of Virginia  
 No, I am not currently registered to vote in Virginia or another state.  
 Yes, I am registered to vote at another address in Virginia or in another state. **If YES, the information below must be completed:**  
Full Name as Registered / / / / / / / /   
Date of Birth Social Security Number (last 4 digits required)  
Address at which you were previously registered to vote City/Town State Zip Code

City/County/Town of Residence (if applicable). This cancellation information will be sent to the county or city and state you entered above.