



**District of Columbia  
Board of Elections and Ethics**



## Application for a Mail Absentee Ballot

Please read the instructions on the next page before completing this form.

**Print your information.**

**I hereby apply for an absentee ballot for:**

- |  |   |
|--|---|
| <input type="checkbox"/> All elections held this calendar year | <input type="checkbox"/> November General Election  |
| <input type="checkbox"/> September Primary Election            | <input type="checkbox"/> All elections (your name will remain on the permanent absentee voter list unless removed by you) |

|                            |   |                          |                             |
|----------------------------|---|--------------------------|-----------------------------|
| <b>Name</b> (please print) |   | Email Address (optional) | Telephone Number (optional) |
| Date of Birth              | Last Four Digits of Your Social Security Number | Fax Number (optional)    |                             |

**My current residence address is:**

|  |          |                    |          |
|--|----------|--------------------|----------|
| Street Address   | Apt. No. | State<br><b>DC</b> | Zip Code |
| <input type="checkbox"/> check here if this is a change of address |          |                    |          |

**I request ballot(s) to be mailed to the following address** (if different from residence address):

|                |          |                    |          |
|----------------|----------|--------------------|----------|
| Street Address | Apt. No. | City/State/Country | Zip Code |
|----------------|----------|--------------------|----------|

**WARNING:** If you sign this application even though you know the information is untrue, you can be convicted and fined of up to \$10,000 and/or jailed up to five years.

|      |                       |
|------|-----------------------|
| Date | Signature<br><b>X</b> |
|------|-----------------------|

**Certificate of Assistance**

Sign below if you assisted the voter in completing this application.

Under penalty of perjury, I hereby certify that the voter named above, who needed help with completing this form because of a disability or the inability to read or write, authorized me to complete this application. If the voter was unable to sign this application, I have printed the voter's name, followed by my initials.

|                        |      |
|------------------------|------|
| Signature of Assistant | Date |
|------------------------|------|

|                           |                      |
|---------------------------|----------------------|
| Printed Name of Assistant | Address of Assistant |
|---------------------------|----------------------|

**For Office Use Only**

|   |                             |                |          |            |         |
|---|-----------------------------|----------------|----------|------------|---------|
| <input type="checkbox"/> Registered<br><input type="checkbox"/> EDCA<br><input type="checkbox"/> Not Reg. – Rejected<br><input type="checkbox"/> Party Primary – Ineligible to vote | Ballot Issue Date           | Ward           | Precinct | Party      | ANC/SMD |
|   | Processed by:<br>(Initials) | Transmitted by |          | Local ID # |         |

# Instructions for Completing the Application for a Mail Absentee Ballot

**Any District of Columbia registered voter may request an absentee ballot.**

1. To vote by absentee ballot:

- You must be an eligible registered voter
- You must live at the residence address that you provided on this application

If you are not currently registered and you are requesting an absentee ballot by mail, you must mail a voter registration application with this request at least 30 days before the election for which you are requesting the absentee ballot. Within 30 days of an election, you may register in person at the Board's office.

**If you are voting for the first time in the District of Columbia, you may be required to include one copy of a form of identification.** Acceptable forms of ID include:

- A current and valid photo identification or
- A current utility bill, bank statement, government check, or other government document showing your name and current address.

2. Your absentee ballot application form must include the following:

- Name of Voter
- Current Residence Address of Voter
- Mailing Address for Sending Ballot (if different from the current residence address)
- Date of Birth of Voter
- DMV-issued ID Number or the Last Four Digits of Social Security Number
- Signature of Voter (or mark, if voter is unable to sign)

3. Be sure to complete and SIGN the application. If you cannot sign your name, you may make a mark.

4. Your telephone number, fax number and email address are optional, however providing this data may expedite the processing of your request should we need to contact you concerning the information on your application.

## **Remember:**

- You must indicate for which election(s) you are requesting the ballot(s).
- Applications for mail absentee ballots must be received at the Board's address listed below at least seven (7) days before the election. Applications may be faxed to 202-347-2648.
- Your absentee ballot will be mailed to you as soon as they become available (at least 35 days before the election).
- Your completed ballot must be postmarked not later than Election Day, and must reach the Board's office not later than the 2<sup>nd</sup> Friday following the election.

Visit [www.dcboee.org](http://www.dcboee.org) to complete this application on-line or to print a copy of this form.



**Return this application to:**  
D.C. Board of Elections and Ethics  
441 4<sup>th</sup> Street, NW Suite 250 North  
Washington, DC 20001-2745  
202-347-2648 (Fax)  
866-328-6837 (Toll-Free)  
202-727-2525 (Voice Response)  
[www.dcboee.org](http://www.dcboee.org) (Website)