Statement of Voter

First	Middle	Last	Suffix (Jr, Sr, III)
do hereby state, s that	subject to felony penalties for ma	king false statements pur	suant to § 24.2-1016, Code of Vir
Check one:			
☐ I applied for b	out did not receive or		
☐ I applied for a	nd received but lost		
name, Virginia, th	ot; that I am a citizen of the Unite nat I am now, or have been at som of the following address where I a	ne time since the Novemb	· · · · · · · · · · · · · · · · · · ·
House number s	street name or rural route addres	s City	; Zip code
	sided in this precinct since the see e in this county or city and this co		eneral election and have been and
OR that the Virgi	nia address listed above was my l	ast domicile immediately	before leaving the United States;
OR that I have re	sided in Virginia in the last 30 day	s and am voting only in th	ne presidential election;
	eighteen years of age or will be b in this election at any other place		\(\frac{1}{2}\)
Signature of voter	•	_	
- 0.12.12.00.13.00.			
Last 4 digits of SSI	N required	_	
Date (MM/DD/YY	No.	_	

Privacy Act Notice: This form requires your social security number for identification and to prevent fraud. Your application will be denied if you fail to provide your social security number or any other information necessary to determine your qualification to vote. Federal law (the Privacy Act and Help America Vote Act) and state law (the Virginia Constitution, Article II, § 2, Title 24.2 of the Code of Virginia and the Government Data Collection and Dissemination Support Act) authorize collecting this information and restrict its use to official purposes only.

WARNING: INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS, A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IN PRISON, OR UP TO 12 MONTHS IN JAIL AND/OR FINED UP TO \$2,500.