

2005 FPCA Quick Reference Guide for Election Officials

The Federal Post Card Application (FPCA) serves as a simultaneous application for voter registration and absentee ballot request for citizens covered under the *Uniformed and Overseas Citizens Absentee Voting Act*. Contact your State election office or the Federal Voting Assistance Program with any questions about your State's requirements for accepting an FPCA.

The FPCA was redesigned in 2011; the 2005 version of the form remains valid and should be accepted and processed.

BLOCK 1 & 2

- Use this information to create a new voter record or update an existing record
- Use the contact information to follow up with the applicant with questions or to confirm successful registration

BLOCK 4A & 4B

- Use this address for any postal mail communications with the applicant

BLOCK 6

- Ensure that the applicant provided any additional information required by your State

(After completion, fold to inside and seal before mailing.)
WARNING: Knowingly presenting false information in this application could result in criminal sanctions. Standard Form 76 (Rev. 10-2005)
 NSN 7540-00-634-5053

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

1. I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE AND I AM (Mark only one):

(a) A MEMBER OF THE UNIFORMED SERVICES OR MERCHANT MARINE ON ACTIVE DUTY, OR AN ELIGIBLE SPOUSE OR DEPENDENT
 (b) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. TEMPORARILY
 (c) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. INDEFINITELY

2. MY INFORMATION (Required)

a. TYPED OR PRINTED NAME (Last, First, Middle) *Jones, James Larry* SUFFIX (Jr., Sr., III, etc.) *Sr.* b. PREVIOUS NAME (if applicable)

c. SEX M F d. RACE e. DATE OF BIRTH *05/17/1987* f. SOCIAL SECURITY NUMBER g. STATE DRIVER'S LICENSE OR ID NUMBER *XY-1145257162*

h. TELEPHONE NUMBER (No DSN number; include all international prefixes) *23-1145-14-6789145* i. FAX NUMBER (No DSN number; include all international prefixes) *23-1145-14-6768327*

j. EMAIL ADDRESS *j.j.pdf52@hawkstooth.com*

3. MY VOTING RESIDENCE ADDRESS (Required) (Military, use legal residence. Overseas citizens, use last legal residence in U.S.)

a. NUMBER AND STREET (Cannot be a P.O. Box) *123 Maple Terrace*
 b. CITY, TOWN OR VILLAGE *Maywood* c. COUNTY *Somewhere* d. STATE *CA* e. ZIP CODE *90270-1037*

4. WHERE TO SEND MY VOTING MATERIALS

a. MY CURRENT ADDRESS (Where I live now) (Required) *Jones, James Larry*
USS FVAP
FPO AE 54321

b. MY FORWARDING ADDRESS (NOTE: Complete 4b only if you do not want your ballot mailed to the address in Block 4a.)

c. I PREFER TO RECEIVE MY ABSENTEE BALLOT, AS PERMITTED BY MY STATE, BY: MAIL FAX EMAIL

5. MY POLITICAL PARTY PREFERENCE (Optional, but may be required by states to register to vote in primary elections): *Abcdef Party*

6. ADDITIONAL INFORMATION (Designate the period for which you want to receive ballots - see instructions for Block 6, paragraph (3). Consult the Voting Assistance Guide for other specific state instructions.)
Last date lived in Maywood Feb. 2009

7. AFFIRMATION (Required)
 I swear or affirm, under penalty of perjury, that:

- I am a member of the Uniformed Services or merchant marine on active duty or an eligible spouse or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U.S. citizen residing outside the U.S., and
- I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
- I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated, and
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., and
- My signature and date below indicate when I completed this document, and
- The information on this form is true and complete to the best of my knowledge.

I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Signed: *James L. Jones* Date: *12/18/2011* Signed: _____ Date: _____
 M M D D Y Y Y Y (Witness/Notary and address (if required)) M M D D Y Y Y Y

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law. Adobe Designer 8.0

BLOCK 3

- Confirm that the voting residence address is in your voting jurisdiction

BLOCK 4C

- Check applicant's ballot receipt preference against your State's legislation

BLOCK 7

- Check here to ensure that the applicant signed and dated the application
- Check that the application has a witness signature (only if required by your State)