

## 2005 FWAB Quick Reference Guide for Election Officials

The Federal Write-In Absentee Ballot (FWAB) was designed as a back-up ballot for citizens covered under the *Uniformed and Overseas Citizens Absentee Voting Act* who are concerned that they will not receive their State absentee ballot in time to vote and return the ballot before the deadline. Contact your State election office or the Federal Voting Assistance Program with any questions about your State's requirements for accepting a FWAB.

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

### BLOCK 1B

- If the applicant is not already registered to vote in your jurisdiction, check to see if your State allows the FWAB to be used as a voter registration application

### BLOCK 3

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

### BLOCK 6

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

WARNING: Knowingly presenting false information in this application could result in criminal sanctions. Standard Form 186A (Rev. 10-2005)

VOTER'S DECLARATION/AFFIRMATION - FEDERAL WRITE-IN ABSENTEE BALLOT (FWAB)					
1.a. I AM (Mark only one):					
<input checked="" type="checkbox"/> A MEMBER OF THE UNIFORMED SERVICES OR MERCHANT MARINE ON ACTIVE DUTY, OR AN ELIGIBLE SPOUSE OR DEPENDENT					
<input type="checkbox"/> A U.S. CITIZEN RESIDING OUTSIDE THE U.S. TEMPORARILY					
<input type="checkbox"/> A U.S. CITIZEN RESIDING OUTSIDE THE U.S. INDEFINITELY					
1.b. I ALSO REQUEST VOTER REGISTRATION (where permitted by state law) <input type="checkbox"/>					
2. MY INFORMATION (Required)					
a. TYPED OR PRINTED NAME (Last, First, Middle)				b. PREVIOUS NAME (if applicable)	
Jones, James Larry				Sr.	
c. SEX	d. RACE	e. DATE OF BIRTH (MMDDYYYY)	f. SOCIAL SECURITY NUMBER	g. STATE DRIVER'S LICENSE OR I.D. NUMBER	
<input checked="" type="checkbox"/> M <input type="checkbox"/> F		05171987	- -	XY-145257162	
h. TELEPHONE NUMBER (No DSN number; include all international prefixes)			i. FAX NUMBER (No DSN number; include all international prefixes)		
23-145-14-6789145			23-145-14-6768327		
j. EMAIL ADDRESS					
jj.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		c. COUNTY		d. STATE   e. ZIP CODE	
Maywood		Somewhere		CA 90270-1037	
4. WHERE TO SEND MY VOTING MATERIALS					
a. MY CURRENT ADDRESS (Where I live now) (Required)			b. MY FORWARDING ADDRESS (NOTE: Complete 4b. only if you do not want your ballot mailed to the address in Block 4a.)		
Jones, James Larry USS FVAP FPO AE 54321					
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 future ballots. See instructions. Consult your state pages of the Voting Assistance Guide for additional information requested.)					
Last date lived in Maywood Feb. 2009.					
7. AFFIRMATION: (Required)					
I swear or affirm, under penalty of perjury, that:					
1. 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					
2. 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					
3. 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					
4. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., and					
5. My application for a regular absentee ballot was mailed in time to be received by the local election official 30 days prior to this election, or the state deadline, whichever is later, and					
6. I have not received the requested ballot, and					
7. I understand that if my regular absentee ballot is received by the local election official in time to be counted, that ballot will be counted and this write-in ballot will be voided, and					
8. I have voted and sealed this ballot in private and have not allowed any person to observe the marking of this ballot, except for those authorized to assist voters under state or Federal law and I have not been influenced, and					
9. I am a Uniformed Services member, or dependent, who is absent from my voting jurisdiction, or I am an overseas citizen and have submitted this ballot from outside the U.S., or my state has made special provisions to allow me to mail this ballot inside the U.S., and					
10. My signature and date below indicate when I completed this document, and					
11. 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: 12182011		Signed: _____ Date: _____	
		(MMDDYYYY)		Witness/Notary and Address (if required) (MMDDYYYY)	

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

### BLOCK 2

- Use this information to verify the applicant's information or to create a new voter record
- Use the contact information to follow up with the applicant with any questions

### BLOCK 4A & 4B

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

### 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)