

Federal Write-In Absentee Ballot (FWAB) Reference for State Instructions

State	Voter Registration (Block 1)	Race (Block 4)	Identification (Block 4)					Political Party (Block 6)	Additional Requirements (Block 9)	Witness Signature (Affirmation)	Accepted FWAB Submission Modes			
	<i>Voters from these States may use the FWAB for voter registration.</i>	<i>These States request that voters provide their race/ethnicity.</i>	<i>Most States require one of the following for voter identification:</i>	Driver's License #	Last 4 digits of SSN	Full SSN	State ID Number	Voter Registration #	Other Identification	<i>Voters from these States must indicate a political party to vote in that party's primary election</i>	<i>Voters from these States may be required to provide additional information in Block 9.</i>	<i>Voters from these States may be required to have a witness sign and date their FWAB.</i>	Mail	Fax ^(indicates FWAB must also be mailed)
Alabama		<input checked="" type="checkbox"/>									Two witnesses	<input checked="" type="checkbox"/>		
Alaska	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	One witness	<input checked="" type="checkbox"/>	See Note	
American Samoa			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Arizona	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Arkansas	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		
California			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Colorado	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Connecticut			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Delaware	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
District of Columbia	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Florida		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	See Note	
Georgia	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Guam			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Hawaii					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Idaho			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	See Note	
Illinois			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> [^]	<input checked="" type="checkbox"/> [^]
Indiana			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Iowa	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	See Note	
Kansas			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kentucky			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		
Louisiana			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Maine	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	See Note	
Maryland	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Massachusetts			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Michigan			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		
Minnesota			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	See Note				<input checked="" type="checkbox"/>		
Mississippi	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Missouri			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	See Note	
Montana	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nebraska	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> [^]	<input checked="" type="checkbox"/> [^]
Nevada	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
New Hampshire			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
New Jersey			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> [^]	<input checked="" type="checkbox"/> [^]
New Mexico	<input checked="" type="checkbox"/>				See Note				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> [^]	<input checked="" type="checkbox"/> [^]
New York	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						See Note		<input checked="" type="checkbox"/>		
North Carolina	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
North Dakota			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ohio			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		See Note		<input checked="" type="checkbox"/>		
Oklahoma			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oregon	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> [^]	<input checked="" type="checkbox"/> [^]
Pennsylvania		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		
Puerto Rico			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						See Note	See Note	<input checked="" type="checkbox"/>		
Rhode Island			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	See Note	
South Carolina	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
South Dakota	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		
Tennessee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		See Note	<input checked="" type="checkbox"/>		
Texas			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	See Note	
Utah	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	See Note	
Vermont			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Virgin Islands			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> [^]	
Virginia	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	See Note	One witness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Washington	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
West Virginia			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wisconsin			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				One witness	<input checked="" type="checkbox"/>		
Wyoming			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		

Block numbers refer to the 2011 version of the FWAB. Information retrieved from the Voting Assistance Guide (last updated April 2012).
 For complete State instructions go to: <http://www.fvap.gov/vao/guide.html>

Notes on FWAB State Instructions:

Alaska: When initially registering to vote by mail from outside Alaska, you must enclose proof of Alaska residency (such as a copy of a current Alaska Driver's License or a leave and earning statement reflecting Alaska as place of residency) with this application. Alternatively, if you are an overseas citizen, were last domiciled in Alaska prior to leaving the U.S. and do not intend to return to Alaska as a resident you may register as a "Federal Voter" and participate in only elections for Federal office. To request this option, write: "I wish to register as a Federal voter and was last domiciled in Alaska prior to leaving the U.S." You must provide a copy of your valid passport, card of identity and registration, or other identification issued under the authority of the U.S. Secretary of State with this application. If you are an overseas citizen, enter your passport or identify card number or other identification issued under the authority of the U.S. Secretary of State. This is not required for Uniformed Service members and their families. You may submit the FWAB by fax only if you requested on your application to have your ballot faxed to you.

Arizona: If you are not registered to vote in Arizona, or if you are registered and move to a different Arizona County, you must provide one of the following for proof of citizenship or your FWAB will be rejected: AZ driver's license number or non-operating identification license number issued after October 1, 1996; Alien registration number from certificate of naturalization (enter in Block 9); Indian census number, Bureau of Indian affairs card number, Tribal Treaty Card number, or Tribal Enrollment number (enter in Block 9); A legible photocopy of a birth certificate that verifies citizenship and supporting legal documentation (i.e., marriage certificate) if the name on the birth certificate is not the same as your current legal name; A legible photocopy of pertinent pages of a U.S. passport identifying the applicant; a legible photocopy of a Driver's License or Non-Operating License from another State within the U.S. if the license indicates proof of citizenship; a legible photocopy of Tribal Certificate of Indian Blood or Tribal/Bureau of Indian Affairs Affidavit of birth.

Florida: You may submit the FWAB by mail or fax if you are an overseas Uniformed Service member, family member, or overseas citizen. If you are a Stateside Uniformed Service member or family member, you must submit your FWAB by mail.

Idaho: Idaho does not allow FWABs to be returned by email or fax unless a special declaration is made by the Secretary of State before the election. Refer to www.idahovotes.gov to see if a declaration has been made.

Iowa: Only uniformed service members eligible for imminent danger pay may return the FWAB by email or fax.

Maine: If you are unable to return your voted ballot by mail by the deadline, contact the Maine Division of Elections by email at UOCAVA.CEC@maine.gov, or fax to 207-287-5428 or toll-free in the U.S. to 1-877-443-1302 to receive authorization and instructions to submit the FWAB electronically.

Minnesota: Passport number is an acceptable identification number.

Missouri: Missouri does not allow FWABs to be returned by email or fax unless a special declaration is made by the Secretary of State before the election. Refer to www.sos.mo.gov to see if a declaration has been made.

New Mexico: Your full Social Security number is required if you are a first-time voter in New Mexico.

New York: New York allows you to receive your absentee ballot by mail, email, or fax. Identify how you would like to receive your absentee ballot (Block 9).

Ohio: Fill in the length of time you resided in Ohio immediately before leaving Ohio. ("I was an Ohio resident for _____.")

Puerto Rico: Both your paternal and maternal surnames are required (Block 3). Otherwise, provide your full name as it appears on file at the Puerto Rico State Elections Commission. Provide your father's and mother's first names (Block 9). Certifying officer who signs the affirmation must state in Block 9: "I certify that [voter] is a [member of the U.S. Army, student at XX University, etc., whichever is applicable]."

Rhode Island: You may submit the FWAB by fax if you faxed your FPCA for ballot request.

Tennessee: If you required assistance completing your FWAB, one person must witness and sign.

Texas: If you are casting the ballot from an area where you are eligible to receive hostile fire pay or imminent danger pay, or that has been designated a combat zone by the President, you may return your ballot by fax.

Utah: If you submit your FWAB by fax or email you must affirm in writing on the fax/email coversheet, "I understand that by electronically transmitting my voted ballot I am voluntarily waiving my right to a secret ballot."

Virginia: In Block 9, you must provide your complete Virginia residence address where you last registered and voted if applicable. If you have never voted, please write, "I have never voted." Enter the last day of residency at your Virginia voting residence address only if you have given up that address permanently or have no intent to return. If previously registered in Virginia, your voter registration number may be located using your Social Security number. Uniformed Service members and their families must provide the service identification number of the member. Uniformed Service members, Merchant Marine members, and their spouses and dependents must provide their branch of service and grade or rank of the military member. Overseas citizens should provide the name and address of their employer (if applicable). Virginia registrants who moved overseas for employment on or after July 1, 1999, may be eligible to vote in State and local elections.

Information retrieved from the Voting Assistance Guide (last updated April 2012).

For complete State instructions go to: <http://www.fvap.gov/vao/guide.html>