

**MILITARY  
AND  
OVERSEAS VOTERS**

**Military and Overseas Residents who wish to vote an  
Absentee Ballot may choose one of the following methods:**

**(FPCA)**

**Federal Post Card Application  
Please print out application below  
and mail to:**

**Howell Township, 3525 Bryon Rd., Howell, MI 48855**

**or**

**email to:**

**[deputyclerk@howell-mi-twp.org](mailto:deputyclerk@howell-mi-twp.org)**

**or**

**Fax to:**

**517-546-1483**

# Federal Post Card Application (FPCA) Voter Registration and Absentee Ballot Request

A quicker, easier to complete, electronic version of this form is also available on [FVAP.gov](http://FVAP.gov). For any questions about this form, consult your Voting Assistance Officer or the Voting Assistance Guide available in hard copy or on [FVAP.gov](http://FVAP.gov). Please print in black ink.

**Classification**  
Make only 1 selection.  
(In most States, you must be absent from your voting district to use this form).

1 I request an absentee ballot for all elections in which I am eligible to vote AND:

I am a member of the Uniformed Services or Merchant Marine on active duty OR  I am their spouse or dependent.

I am a U.S. citizen residing outside the U.S., and I intend to return.

I am a U.S. citizen residing outside the U.S., and I do not intend to return.

I am a U.S. citizen otherwise granted military/overseas voting rights under State law (check the Voting Assistance Guide).

**Political Party** 2 To vote in primary elections, your State may require you to specify a political party: \_\_\_\_\_

**Your legal name** 3

Last name \_\_\_\_\_ Suffix \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Previous name (if applicable) \_\_\_\_\_

**Identification**  
Some States require your full SSN. Check your State's pages in the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov).

4 Sex  M  F Race \_\_\_\_\_ Birth date \_\_\_\_\_

State Driver's License or ID \_\_\_\_\_

OR Social Security Number \_\_\_\_\_

**Contact information**  
Include international prefixes. No DSN number.

5 Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Alternate Email \_\_\_\_\_

**Ballot receipt** 6 I prefer to receive my ballot, as permitted by my State, by:  Email/Online  Mail  Fax  
(rank from 1 -3 in order of preference; be sure appropriate contact information is provided above)

**U.S. address for voting purposes**  
Usually your last U.S. residence or your legal U.S. residence. See instructions.

7 Street Address (not P.O. Box) \_\_\_\_\_ Apt. # \_\_\_\_\_

City/Town/Village \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Address where you live now**  
This is different from above. Your voting materials will be sent here, unless you specify a forwarding address in Box 9.

8 \_\_\_\_\_

**Additional requirements for your State**  
Such as: mail forwarding address, additional phone, or other State required information. See your State's pages in the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov).

9 \_\_\_\_\_

**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.
- 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.
- 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.
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.
- My signature and date herein indicate when I completed this document.
- 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.

Signature \_\_\_\_\_ Print this form, sign, and send in.

Today's date \_\_\_\_\_

Witness signature / date if required by your State. See the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov).

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Federal Post Card Application (FPCA) Instructions

A quicker, easier to complete, electronic version of this form is also available on [FVAP.gov](http://FVAP.gov). For any questions about this form, consult your Voting Assistance Officer or the Voting Assistance Guide available in hard copy or on [FVAP.gov](http://FVAP.gov).

The gray numbers and instructions below correspond to the gray numbered boxes on the face of the form.

- 1 The classification you choose determines in which election(s) you will be allowed to vote. Choose the one that best represents your current situation.
  - 2 If you want to vote in primary elections, most States require you to specify a political party. Check your State's pages in the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov) to see if your State requires you to specify a political party.
  - 3 The information you enter for your name should match the information you normally put on legal or official forms. For example, it should be the same name that appears on your driver's license or other government-issued ID.
  - 4 While most States allow you to enter either your driver's license number or the last 4 digits of your Social Security Number, some will invalidate this form without your full SSN. Check your State's pages in the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov) to see if your State requires the full SSN.
- Also, many States ask that you provide your race or ethnic group in order to demonstrate that they are complying with the Voting Rights Act and the National Voter Registration Act.
- 5 If there are questions or problems with your form, local election officials will use this information to contact you. An email address is the simplest and fastest way for them to do so. Your voting materials will be sent to the email address(es) that you provide here if you request it and your State allows it. Include an alternate phone number in Box 9 if necessary.
  - 6 Indicate your preferred method for receiving your ballot by ranking each box 1, 2, or 3. All States and jurisdictions must send absentee ballots to military and overseas voters by at least one of the following: email, online download, or fax if requested. Check your State's pages in the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov) to learn what your State allows. You can always get your absentee ballot by mail.
  - 7 This determines the jurisdiction where you vote. For military voters the

voting address is your legal U.S. residence. For overseas citizens this is usually the U.S. address where you last lived. You do not need to have any current physical ties to this address. Do not use a post office box number. If the area has no street names, enter the route number and box number.

8 Enter the address where you want voting materials to be sent to you. Voting materials will be sent to this address unless you enter a forwarding address in Box 9.

9 Enter anything here that would help ensure that your ballot is accepted. Check your State's pages in the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov) for anything your State may specifically require here. For example, some States require last date of residency in the U.S., previous location of registration, overseas employer, or witness address.

If you want your voting materials to be sent somewhere other than where you live now, enter that alternate (forwarding) address here. Provide an alternate phone number here.

**Affirmation:** Read this carefully. It is what you are agreeing to under oath and penalty of perjury by filling out and sending in this form. Some States require that your form be witnessed. Check the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov) for your State's requirements.

## Privacy Act Statement

**Authority:** The authority to collect your personal information on this form comes from 42 USC 1973ff, "Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)."

**Principal Purpose:** This form serves as an application for registration and/or request for absentee ballot for all persons covered by UOCAVA.

**Disclosure:** Your disclosure of personal information is voluntary. However, failure to provide the requested personal information may keep the pertinent jurisdiction from processing this request and may prevent you from voting absentee.

From  
(Your name and current complete military or overseas mailing address)

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International airmail postage is required if not mailed in the U.S. Postal Service, APO/FPO system, or diplomatic pouch.



U.S. Postage Paid  
39 USC 3406

PARAVION



OFFICIAL ABSENTEE BALLOTING MATERIAL – FIRST CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAIL – DMM 703.8.0

To  
(Check your State's pages in the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov) for your local election official's information)

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