



AFFIRMATION OF ELIGIBILITY
§§ 24.2-428.2, 24.2-643, 24.2-651, and 24.2-652 of the Code of Virginia

SECTION A – OFFICER OF ELECTION MUST COMPLETE

- ENTER PRECINCT NUMBER, NAME AND DATE.
- CHECK BOX THAT APPLIES.
- HAVE VOTER READ *AFFIRMATION OF VOTER* BELOW [OR READ *AFFIRMATION TO VOTER*].
- HAVE VOTER SIGN AND PRINT HIS/HER FULL NAME – BEFORE VOTING.
- PLACE FORM IN ENVELOPE #8.

OFFICER OF ELECTION'S INITIALS: TC

PRECINCT NO./NAME : 100 SAMPLE CONG. DIST.: 8 DATE: 11/08/2022

IF VOTER HAS NO I.D., AND REFUSES TO COMPLETE THE I.D. CONFIRMATION STATEMENT, THE VOTER MUST COMPLETE A PROVISIONAL BALLOT.

- A. ☐ VOTER'S NAME MARKED WITH "?" ON **POLLBOOK** . . . AND VOTER'S NAME OR ADDRESS HAS NOT CHANGED.
- B. ☒ VOTER'S NAME OMITTED FROM **POLLBOOK** IN ERROR; REGISTRAR AUTHORIZES OFFICER TO ADD NAME.
- C. ☐ VOTER'S NAME ON **POLLBOOK** . . . BUT VOTER IS **CHALLENGED BY ANOTHER VOTER OR AN OFFICER WHO COMPLETES AND SIGNS STATEMENT BELOW**

Statement of Challenger

"I do hereby state, subject to penalties for hindering, intimidating, or interfering with a qualified voter pursuant to § 24.2-607, that I am a qualified voter of this Commonwealth or an officer of election and that, to the best of my knowledge, information, and belief, _____ is not a qualified voter of this precinct by reason of (please check each of the following reasons that is applicable):

- ☐ 1. The named person is not a citizen of the United States;
- ☐ 2. The named person is not now 18 years of age or, in the case of a primary election or a special election held on a date other than a general election date, will not reach the age of 18 before the next general election;
- ☐ 3. The named person is not a resident of the Commonwealth (or, if he has not been a resident of the Commonwealth within the preceding 30 days, he is attempting to vote for an office or issue other than electors of President and Vice President of the United States);
- ☐ 4. The named person is not a resident of this precinct (or he has not been a resident of this precinct since the second preceding general federal election and has not continued to be a resident of this county or city and this congressional district);
- ☐ 5. The named person is not a resident of the town in the case of a town election;
- ☐ 6. The named person has been disqualified from voting by the Constitution and laws of the Commonwealth and this disqualification has not been removed by proper authority;
- ☐ 7. The named person is not the identical person he represents himself to be; or
- ☐ 8. The named person has voted in this election at this or another voting place (state when and where the named person previously voted in this election: _____)."
❖ *must cast a provisional ballot if pollbook indicates person already voted*

Signature of Challenger: _____

Printed Name of Challenger: _____ Daytime Telephone Number: _____

Residence Address: _____

PRIVACY NOTICE: Section 24.2-651 of the Code of Virginia requires the person making a challenge to sign a statutory statement. Therefore, if you refuse to sign this statement, no challenge will be made. Your completed form may be provided to government officials and third parties for election-related purposes.



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SECTION B – AFFIRMATION OF VOTER IS REQUIRED

- **VOTER MUST PROVIDE ALL THE INFORMATION BELOW AND SIGN.**
VOTER WHO REFUSES TO COMPLETE FORM AS REQUIRED, MAY NOT VOTE.

AFFIRMATION OF VOTER

"I DO HEREBY STATE, SUBJECT TO FELONY PENALTIES FOR MAKING FALSE STATEMENTS PURSUANT TO § 24.2-1016,

- THAT I AM A CITIZEN OF THE UNITED STATES,
- THAT I AM AT LEAST 18 YEARS OF AGE (OR WILL BE ON THE ____ DAY OF _____, _____),
- THAT I AM A RESIDENT OF THE COMMONWEALTH OF VIRGINIA
 - (OR THAT I HAVE BEEN A RESIDENT OF THIS COMMONWEALTH WITHIN THE PRECEDING 30 DAYS AND AM VOTING ONLY FOR ELECTORS OF PRESIDENT AND VICE PRESIDENT OF THE UNITED STATES),
- AND THAT ACCORDING TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, I AM NOT DISQUALIFIED FROM VOTING BY THE CONSTITUTION AND LAWS OF THIS COMMONWEALTH;
- THAT MY FULL NAME IS Samantha Citizen;
- THAT IN SUCH NAME I WAS DULY REGISTERED AS A VOTER OF THIS PRECINCT;
- THAT I AM NOW OR AT SOME TIME SINCE THE LAST NOVEMBER GENERAL ELECTION HAVE BEEN AN ACTUAL RESIDENT OF THIS PRECINCT;
 - OR THAT I HAVE BEEN AN ACTUAL RESIDENT OF THIS PRECINCT AT SOME TIME SINCE THE SECOND PRECEDING GENERAL FEDERAL ELECTION AND HAVE BEEN AND CONTINUE TO BE A RESIDENT OF THIS COUNTY OR CITY AND THIS CONGRESSIONAL DISTRICT;
- IF I AM VOTING IN A TOWN ELECTION TODAY, THAT I AM CURRENTLY A RESIDENT OF THAT TOWN;
- THAT I AM THE IDENTICAL PERSON I REPRESENT MYSELF TO BE;
- AND THAT I HAVE NOT VOTED IN THIS ELECTION AT THIS OR ANY VOTING PLACE AND WILL NOT VOTE IN THIS ELECTION AT ANY OTHER VOTING PLACE."
 - ❖ *must cast a provisional ballot if pollbook indicates person already voted*

VOTER SIGNATURE: Samantha Citizen

PRINTED VOTER NAME: Samantha Citizen

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: 2468

DATE OF BIRTH: 01/01/1980

CURRENT RESIDENCE ADDRESS: 5678 Sample St.

CITY/TOWN/STATE/ZIP: Fairfax VA, 12345

MAILING ADDRESS IF DIFFERENT: _____

MONTH/YEAR MOVED: _____

DAYTIME TELEPHONE NUMBER: (987) 654 3210

PRIVACY NOTICE: Section 24.2-651 of the Code of Virginia requires the person whose eligibility to vote is challenged to sign a statutory statement. If you do not complete this statement, you will not be allowed to vote in this election. Your completed form may be provided to government officials and third parties for election related purposes.

WARNING: 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.

ID Confirmation Statement (Commonwealth of Virginia)

Declaración de Confirmación de Identificación / Giấy xác nhận thẻ ID / 신분 확인 명세서

Place in Envelope #8

Officer of Election / Funcionario electoral / Các viên chức lo về bầu cử / 선거 관리원:

A

Precinct No. / Name	100 SAMPLE
Date:	11/08/2022
Officer of Election Initials	EO

B

Affirmation of Voter: If you do not complete this statement or show acceptable ID, you will be required to vote a provisional ballot in this election. Subject to penalty of law, I do hereby affirm that I am the identical person I represent myself to be.

Afirmación del votante: Si no completa esta declaración o muestra identificación aceptable, será requerido que vote una boleta provisional para esta elección. *Sujeto a la pena de ley, por la presente afirmo que soy la persona idéntica que me represento a ser.*

Giấy xác nhận của cử tri: Nếu quý vị không hoàn thành giấy xác nhận này hoặc trình thẻ ID hợp lệ, quý vị có thể phải bầu lá phiếu tạm thời trong kỳ bầu cử này. *Theo qui định của luật, tôi xác nhận bản thân tôi chính là người đại diện của đơn này.*

유권자 진술서: 이 성명서를 작성하지 않거나 신분증을 제시하지 않는 경우, 이번 선거에서 잠정 투표를 해야 합니다. 법의 처벌에 따라, 본인이 동일한 사람이라는 것을 여기에서 확인합니다.

Signature of voter / Firma del votante / Chữ ký cử tri / 유권자 서명	x Vincent Voter								
Printed name of voter / Imprima el nombre del votante In tên cử tri / 정자체 유권자 성명	Vincent Voter								
Birth Year and Last 4 digits of Social Security #: Año de nacimiento y últimos 4 números del SS: Năm sinh và 4 Số cuối của số An sinh Xã Hội: 생년 및 사회 보장 번호 마지막 4자리:	<table><tr><td>1</td><td>9</td><td>9</td><td>0</td></tr><tr><td>#1</td><td>#2</td><td>#3</td><td>#4</td></tr></table>	1	9	9	0	#1	#2	#3	#4
1	9	9	0						
#1	#2	#3	#4						

Optional
Opcional
Tùy chọn
선택 사항

ELECT-643ID-FFX 03/2022

24.2-643 of the Code of Virginia



Warning: Intentionally making a materially false statement or entry on this form shall constitute the crime of election fraud, which is punishable under Virginia law as a Class 5 felony. Violators may be sentenced to up to 10 years in prison, or up to 12 months in jail and/or fined up to \$2500.

OFFICER OF ELECTION

Precinct #/name: 100 SAMPLE

Date: 11/08/2022

A. REQUEST OF VOTER

I hereby affirm, subject to penalty of law, that I require assistance to vote my ballot by reason of either blindness, physical disability, or inability to read or write, or I need the ballot translated into another language.

I request that the person signing the agreement below in *Section B* enter the voting booth or voting machine enclosure to assist me or to vote my ballot in accordance with my instructions.

Signature of voter: Vincent Voter Printed name: Vincent Voter
Required

B. AGREEMENT OF ASSISTANT

I hereby affirm, subject to penalty of law, that:

- I will vote this voter's ballot as the voter instructs.
- I will not solicit or attempt to influence how the voter votes.
- I will not disclose or indicate how the voter votes on any office or question.
- I am not serving in this polling place today as an authorized representative of a political party or candidate or as a neutral observer authorized by the electoral board. (See § 24.2-604 for additional information)
- I am not the voter's employer or agent of that employer, or an officer or agent of the voter's union. (This provision does NOT apply if the voter is blind.)

Signature of assistant: Alex Helper Printed name: Alex Helper
Required Required
Residence address: 4321 Example Rd. City/state: VA zip: 54321
Required Required Required

C. IF VOTER ASKS OFFICER TO TRANSLATE BALLOT (AS ASSISTANT)

See § 24.2-649(C) for additional information. Any party or candidate interpreter must sign below before observing. (Attach additional forms if necessary.)

I hereby affirm, subject to penalty of law, that:

- I will not solicit or attempt to influence how the voter votes.
- I will not disclose or indicate how the voter votes on any office or question.

Signature: _____ Printed name: _____ Representing: _____
Signature: _____ Printed name: _____ Representing: _____

INSTRUCTIONS IF VOTER IS UNABLE TO SIGN OR MAKE THEIR MARK:

For a voter who is blind, the Officer of Election must:

- ☐ Write on the *Signature of Voter* line (Section A), "**blind voter**" (A blind voter is NOT required to sign or make their mark);
- ☐ Print the voter's name on the line below the signature line (Section A); and
- ☐ Have the assistant sign and complete Section B.

For a voter who is otherwise unable to sign, the assistant must:

- ☐ Write on the *Signature of Voter* line (Section A): "**voter unable to sign**";
- ☐ Print the voter's name on the line below the signature line (Section A); and
- ☐ Sign and complete Section B.

Request to Cancel Voter Registration (§ 24.2-427, Code of Virginia)

Solicitud Para Cancelar Registro de Votante / Yêu cầu hủy bỏ Ghi Danh Cử Tri / 유권자 등록 취소 요청

Place in
Envelope #8

INSTRUCTIONS: Please fill in the information below. All information on this form is required unless otherwise indicated.

Instrucciones: Por favor complete la información a continuación. Toda la información en este formulario es un requisito a menos que se le indique de otra forma.

Hướng dẫn: Vui lòng điền thông tin bên dưới. Tất cả các thông tin dưới đây là bắt buộc.

지침: 아래 양식을 작성해주시요. 다른 명시가 없는 경우 모든 정보가 필요합니다.

Please remove me from the voter registration records. I understand that I will no longer be eligible to vote in the Commonwealth of Virginia unless I reapply for registration.

Remueva mi nombre de los registros de votantes. Entiendo que ya no será elegible para votar en el estado de Virginia a menos que vuelva a registrar.

Vui lòng xóa tên của tôi trong hồ sơ ghi danh cử tri. Tôi hiểu rằng tôi sẽ không còn đủ điều kiện để bỏ phiếu tại Virginia trừ khi tôi nộp lại đơn ghi danh cử tri.

본인을 유권자 등록에서 삭제해주시요. 본인은 등록을 재신청하지 않는 이상 Commonwealth of Virginia 에서 투표를 할 자격이 없다는 것을 이해합니다.

First Name / Primer Nombre / Tên gọi / 이름 Vincent	Middle / Segundo Nombre / Tên đệm / 중간 이름 James	Last Name / Apellido / Tên họ / 성 Voter	Suffix
Current Virginia Registration Address / Dirección de residencia / Địa chỉ cư trú hiện thời / 현재 등록 거주지 주소 1234 Sample St., Apt #100, Fairfax VA, 12345			
Locality / Localidad / Địa phương / 지역구		Voter ID (optional) / Número de identificación de votante / Số cử tri / 유권자ID	
Social Security Number / NSS / SSN / 사회보장번호 1 2 3 4 5 6 7 8 9		Date of Birth (mm/dd/yy) / Fecha de nacimiento / Ngày sinh / 생년월일 0 1 / 0 1 / 1 9 9 0	
Current Phone (optional) / Número de teléfono / Điện thoại / 전화번호		Email (optional) / Correo electrónico / email / 이메일 vincentvoter@email.com	
Signature / Firma / Chữ ký / 서명 X Vincent Voter		Date (mm/dd/yy) / Fecha / Ngày / 날짜 11 / 08 / 2 0 2 2	

PRECINCT: _____

RETURN IN ENVELOPE #8

Voter Referral Worksheet

You may optionally use this form to help process non-routine voters in your polling place.

Section A: Completed by the Voter

An election officer may complete this information on behalf of a voter.

First name: Vincent	Middle:	Last: Voter
Current address: 1234 Sample St. Apt #100, Fairfax, VA 12345		
Date moved to current address: 01/01/2012	Date of birth: 01/01/1990	Last 4 digits of SSN (optional):

Section B: Completed by an Election Officer

Check appropriate box(es) in the left-hand column, then give this form to the voter and refer them to the Chief.

REASON FOR REFERRAL <i>(by Officer)</i>	WHAT-IF REFERENCE <i>(for the Chief)</i>
<input type="checkbox"/> Voter has no acceptable ID	What-If #1 and Provisional Checklist A.
<input type="checkbox"/> Voter has moved	What-If #3 and #5-8.
<input type="checkbox"/> Pollbook says "Inactive"	What-If #4.
<input type="checkbox"/> Pollbook says "Federal Only"	What-If #9.
<input checked="" type="checkbox"/> Voter's name not in pollbook	What-If #10 and Provisional Checklist B.
<input type="checkbox"/> Voter is challenged	What-If #11.
<input type="checkbox"/> Voter's name marked as already voted	What-If #12 and Provisional Checklist C.
<input type="checkbox"/> Voter requests assistance	What-If #15 or #16 and Request for Assistance form.
<input type="checkbox"/> Voter is blind	What-If #17. May need Request for Assistance form.
<input type="checkbox"/> Curbside voter (OP)	What-If #18. May need Request for Assistance form.
<input type="checkbox"/> Absentee voter	What-If #19 or #20 and Provisional Checklist C.

Section C: Completed by the Chief or Assistant Chief (OPTIONAL)

Staple this sheet to the voter's registration application, if applicable.

Name of Chief/Assistant Chief helping voter:	If you called the office, who did you speak with?
Resolution:	

Request to Remove Name from Permanent Absentee Voter List

(VA Code § 24.2-703.1(D))

Instructions: Please fill in the information below and submit the form to your local general registrar's office. You may look up your general registrar's office by going to: <https://vote.elections.virginia.gov/VoterInformation/PublicContactLookup>. You may also submit your form to: Virginia Department of Elections, 1100 Bank Street, Richmond, VA 23219.

Forms must be completed in English. For questions, visit <https://www.elections.virginia.gov/> or call (800) 552-9745. **All information on this form is required unless otherwise indicated.**

Please remove me from the permanent absentee voter list. I understand that I will only be mailed an absentee ballot if I submit a separate request to be mailed a ballot.

Voter

Last Name

Vincent

First Name

James

Middle or Maiden Name

Suffix

1234 Sample St., Apt #100

Current Virginia Registration Address (or Virginia PO Box provided for voter registration)

Fairfax

City

VA

State

12345

Zip

6 7 8 9

Last 4 of SSN (optional)

10/31/2000

Date of Birth (mm/dd/yy) (optional)

123-456-7890

Current Phone (optional)

vincentvoter@email.com

Email (optional)

Please supply current phone and/or email so that we may contact you with any questions regarding this request.

 Vincent Voter

Signature

11/8/2022

Date

FRAUD WARNING

INTENTIONALLY VOTING MORE THAN ONCE IN AN ELECTION OR 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.

PRIVACY NOTICE

This form collects personal information, including part of your social security number, for identification and to prevent fraud. Your request may be denied if you fail to provide the last four digits of your social security number or any other information required to determine your identity as the voter requesting cancellation. Federal law (the Privacy Act) and state law (the Government Data Collection and Dissemination Practices Act, § 2.2-3803) authorize collecting this information and restrict its use to official purposes only.

Solicitud de eliminación del nombre de la lista permanente de votantes en ausencia (Request to Remove Name from Permanent Absentee Voter List)

(Código de VA § 24.2-703.1(D))

Instrucciones: Complete la información que figura a continuación y envíe el formulario a la oficina del registrador general de su localidad. Puede buscar su oficina del registrador general en <https://vote.elections.virginia.gov/VoterInformation/PublicContactLookup>. También puede enviar el formulario a: Virginia Department of Elections, 1100 Bank Street, Richmond, VA 23219.

Los formularios se deben completar en inglés. (Forms must be completed in English.) Si tiene preguntas, visite <https://www.elections.virginia.gov/> o llame al (800) 552-9745. **Toda la información en este formulario es obligatoria, salvo que se indique lo contrario.**

Solicito que se elimine mi nombre de la lista permanente de votantes en ausencia. Entiendo que solo se me enviará una boleta de voto en ausencia si presento una solicitud por separado para que se me envíe una boleta.

Apellido	Nombre	Segundo nombre o apellido de soltera	Sufijo
Dirección actual de registro en Virginia (o apartado de correos de Virginia proporcionado para el registro de votantes)			
Ciudad	Estado	Cód. postal	
Localidad	Nro. de identificación del votante (opcional)		
Últimos 4 dígitos del SSN (opcional)	Fecha de nacimiento (mm/dd/aa) (opcional)		
Teléfono actual (opcional)	Correo electrónico (opcional)		
Por favor, proporcione el número de teléfono y/o el correo electrónico actual para que podamos ponernos en contacto con usted para cualquier pregunta relacionada con esta solicitud.			
Firma	Fecha		

ADVERTENCIA DE FRAUDE

VOTAR INTENCIONADAMENTE MÁS DE UNA VEZ EN UNA ELECCIÓN O HACER UNA DECLARACIÓN MATERIALMENTE FALSA EN ESTE FORMULARIO CONSTITUYE EL DELITO DE FRAUDE ELECTORAL, QUE ES PUNIBLE SEGÚN LA LEY DE VIRGINIA COMO UN DELITO GRAVE. LOS INFRACTORES PUEDEN SER CONDENADOS A HASTA 10 AÑOS DE PRISIÓN, O HASTA 12 MESES DE CÁRCEL Y/O A UNA MULTA DE HASTA \$2,500.

AVISO DE PRIVACIDAD

Este formulario recoge información personal, que incluye parte de su número del seguro social, para su identificación y para evitar el fraude. Su solicitud puede ser denegada si no proporciona los últimos cuatro dígitos de su número de seguro social o cualquier otra información necesaria para determinar su identidad como votante que solicita la cancelación. La ley federal (la Ley de Privacidad) y la ley estatal (la Ley de Recopilación de Datos del Gobierno y de Prácticas de Diseminación, § 2.2-3803) autorizan la recopilación de esta información y restringen su uso únicamente a fines oficiales.

Virginia Voter Registration Application

Use blue or black ink

Starred (*) items are required. If you do not complete all of the items that are marked with *, your application may be denied (See instructions on reverse side).

1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO * I am a citizen of the United States of America.		* Full social security number 1 2 3 - 4 5 - 6 7 8 9 <input type="checkbox"/> No SSN was ever issued.		* Date of birth 0 1 / 0 1 / 1 9 9 0		* Gender Male	
2. * Last name Voter Jr. Sr. II III IV (Circle if applicable)		* First name Vincent		* Middle name James <input type="checkbox"/> None			
* Residence address (May not be a P.O. Box) 1234 Sample St.				Apt # 100			
* City/Town Fairfax				* ZIP 12345			
E-mail vincentvoter@email.com				Phone			
3. * Have you ever been convicted of a felony or judged mentally incapacitated and disqualified to vote? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, has your right to vote been restored? <input type="checkbox"/> YES <input type="checkbox"/> NO							
4. <input type="checkbox"/> I am an active-duty uniformed services member, spouse or dependent; or an overseas citizen. <input type="checkbox"/> I am providing a mailing address (below) because my residence address is not serviced by the U.S. Postal Service or I am homeless. <input type="checkbox"/> I am providing a Virginia P.O. Box (below) to protect my residence address from public disclosure because I or a household member is/has: <input type="checkbox"/> An active or retired law enforcement officer, judge, U.S. or Virginia Attorney General attorney <input type="checkbox"/> Been granted a court issued protective order. <input type="checkbox"/> In fear for personal safety from being threatened or stalked by another person <input type="checkbox"/> A participant in the Virginia Attorney General's Address Confidentiality Program <input type="checkbox"/> Been approved to be a foster parent. My mailing address (Complete only if you have checked a box in this section) <div>Always verify voter has completed these fields: - Citizenship checkbox - Full social security number - Date of birth - Name - Address - Felony/disqualified to vote - Signature and date</div>							
5. <input type="checkbox"/> I am currently registered to vote in another state: _____. (Indicate state of previous registration)							
6. <input checked="" type="checkbox"/> I am interested in being an Officer of Election (poll worker) on Election Day. Please send me information.							
7. AFFIRMATION: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice. * Signature Vincent Voter Today's date: 1 1 / 0 8 / 2 0 2 2 <input type="checkbox"/> By checking this box, I affirm both that I am an individual with physical disabilities and the Affirmation Statement above. Pursuant to Article II, § 2 of the Constitution of Virginia, individuals with physical disabilities are not required to sign the application for voter registrations.							

* Virginia Voter Registration Application Receipt

The application collector must submit your completed application within 10 days or by the deadline to register for the next election, whichever comes first. You can check your voter registration status online at www.elections.virginia.gov/registration. If you do not receive confirmation of your voter registration status within 30 days, contact your local voter registrar or the Virginia Department of Elections.

Name, phone and e-mail of office, group or individual receiving application

M M / D D / Y Y Y Y Y Y
Date application received

Thank you for applying to vote in Virginia!