



Office of the FSM National Election

P.O. Box PS156

Palikir, Pohnpei, FM 96941

Director's Office

Telephone: (691) 320-7805; Fax: (691) 320-7534; Email: ned@fsmned.fm

APPLICATION TO VOTE BY ABSENTEE BALLOT

To request to vote by absentee ballot, please print completely the information on this form and sign it. You must personally mail or deliver this application to the FSM National Election Office of your state.

1. PRINT NAME _____ 2. DATE OF BIRTH: _____
mm/dd/yyyy

First Name Middle Name Last Name

3. POLLING PLACE

Box # Village Municipality ED# State

4. MAILING ADDRESS

Number of Street/P.O. Box # City/village municipality State/country Zip Code

5. SELECT ONLY ONE TYPE OF ABSENTEE BALLOT REQUESTING.

- A. Absentee ballot by mail. Must be received by October 1, 2019.
 I intend to pick up my absentee ballot at the Embassy/Consulate.
- B. Absentee ballot for Special Polling Place (SPP). Must be received by October 26, 2019.
 I wish to vote at this polling place **permanently.**
- C. Absentee ballot prior to Traveling. Must be received by November 4, 2019.
(Attach copy of travel document)
- D. Absentee ballot for Voting At Another Polling Place. (VAAPP) October 29, 2019
 I wish to vote at this polling place **permanently.**
- E. Absentee ballot for Mobile Polling Place (MPP). Must be received by November 4, 2019.

6. REASON FOR REQUESTING ABSENTEE BALLOT:(optional)

I have not applied for, nor do I intent to apply for an absentee ballot from any other jurisdiction for this election. I certify under penalty of perjury that I completed this form myself and that the information I have provided on this application is true and correct.

SIGNATURE DATE

WARNING: Perjury is punishable by a fine not to exceed \$ 2,000.00 and imprisonment for not more than five years, or both.

7. MAIL OR DELIVER THIS FORM TO THE APPROPRIATE ADDRESS.

- Chuuk NEC Office, P.O. Box 10, Weno Chk FM 96942
- Kosrae NEC Office, P.O. Box 340, Tofol Kos. FM 96944
- Pohnpei NEC Office, P.O. Box 1924, Kolonia Pni. FM 96941
- Yap NEC Office, P.O. Box 849, Colonia, Yap FM 96943

Receipt provided to voter

KEEP THIS RECEIPT FOR REFERENCE – Only

Stamp, date & initial here

Voter's Name D.O.B. Polling Place Type of Request

- Note: This receipt only verifies that you had submitted your absentee application.