

Office of the FSM National Election

P.O. Box PS156

Palikir, Pohnpei, FM 96941
Telephone: (691) 320-7805; Fax: (691) 320-7534; Email: ned@fsmned.fm

APPLICATION TO VOTE BY ABSENTEE BALLOT

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM. A registered voter who wishes to vote by absentee ballot shall complete this form and sign in the box below. You must personally mail or deliver this application to the FSM National Election Office of your state.

First	t Name	Middle Name	La	ast Name
2. DATE	OF BIRTH: _			
		mm/dd/yyyy		
3. POLLII	NG PLACE			
Box #	Village	Municipality	ED#	State
	NG ADDRESS clearly and provide	e complete mailing address, bal	lot will be sent to the	mailing address provided.)
Street/P.O. I	Box #	City/ Apartment #	State/Country	Zip Code
5. SELEC	CT ONLV ONE '	TYPE OF ABSENTEE BA	I I OT DEOUEST	
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A₌L		t by mail. <u>Deadline: January 25,</u> k up my absentee ballot at the		te.
5 C	_	-	•	
B₌L		t for Special Polling Place (S at this polling place permane	· -	<u>ary 19, 2024</u>
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O.L		prior to Traveling. <u>Deadline:</u> ravel itinerary and Valid ID)	<u>February 28, 2024</u>	
	(Attach copy of t ☐ Absentee ballot		g Place. (VAAPP) <u>r</u>	Deadline: February 22, 2024
	(Attach copy of t ☐ Absentee ballot ☐ I wish to vote	ravel itinerary and Valid ID) for Voting At Another Polling	g Place. (VAAPP) <u>Ľ</u> <mark>ntly.</mark>	_
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Absentee ballot request form must be submitted individually.