



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

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.

1. PRINT NAME:

First Name Middle Name Last Name

2. DATE OF BIRTH: _____
mm/dd/yyyy

3. POLLING PLACE

Box # Village Municipality ED# State

4. MAILING ADDRESS

(Please print clearly and provide complete mailing address, ballot will be sent to the mailing address provided.)

Street/P.O. Box # City/ Apartment # State/Country Zip Code

5. SELECT ONLY ONE TYPE OF ABSENTEE BALLOT REQUEST

- A. Absentee ballot by mail. **Deadline: January 25, 2024**
 I intend to pick up my absentee ballot at the Embassy/Consulate.
- B. Absentee ballot for Special Polling Place (SPP). **Deadline: February 19, 2024**
 I wish to vote at this polling place **permanently**.
- C. Absentee ballot prior to Traveling. **Deadline: February 28, 2024**
(Attach copy of travel itinerary and Valid ID)
- D. Absentee ballot for Voting At Another Polling Place. (VAAPP) **Deadline: February 22, 2024**
 I wish to vote at this polling place **permanently**.
- E. Absentee ballot for Mobile Polling Place (MPP) / Confine Voting. **Deadline: February 28, 2024**

The voter is solely responsible for ensuring that the application to vote absentee by mail is received by the deadline.

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 Chuuk FM 96942 Email: chuuknatcom@fsmned.fm
- Kosrae NEC Office, P.O. Box 340, Tofol Kosrae FM 96944 Email: kosraenatcom@fsmned.fm
- Pohnpei NEC Office, P.O. Box 1924, Kolonia, Pohnpei FM 96941 Email: pohnpeinatcom@fsmned.fm
- Yap NEC Office, P.O. Box 849, Colonia, Yap FM 96943 Email: yapnatcom@fsmned.fm

 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.
- Absentee ballot request form must be submitted individually.