[Voter name]  
[Address]  
[City, State, Zip]

**Voter Affidavit**

Your returned absentee ballot was missing information which is required to count your ballot under §24.2-707 of the Code of Virginia. In order for us to count your ballot, please provide the information below as indicated:

\_\_X\_\_ Your printed name and signature under the statement below.

\_\_\_\_\_ The last four digits of your Social Security Number\*: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ The year you were born: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Your residence address (Do not use PO Box #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Street Address Apt. #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 City State Zip Code

“I state under penalty of perjury that I am an eligible voter, that my signature, year of birth, last four digits of my Social Security Number, residence address, and/or name are as shown on this form, that I am now or have been at some time since last November's general election a legal resident of **[Registrar should insert locality here]**, that I received an absentee ballot for **[Registrar should enter election date]** election upon application to the registrar of such county or city; that I opened the envelope marked 'ballot within' and marked the ballot, without assistance or knowledge on the part of anyone as to the manner in which I marked it (or that I returned the form required to report how I was assisted); that I then sealed the ballot in the required envelope; and that I have not voted and will not vote in this election at any other time or place.”

Voter Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voter Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You have options for providing this information:

* Go to your local registrar’s office to provide the required information; or
* Sign this affidavit and return it by mail or email using the contact information below.
* If you return this affidavit by email, please attach a **scanned, signed copy of the affidavit to your email.**

Your registrar’s address and email address are provided below:

**[please include the mailing address and email address for your office in the space provided here**

**Office Name**

**Street Address**

**City State Zip**

**email address]**