



Director's Office

# 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.

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  
(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 23, 2025**  
 I intend to pick up my absentee ballot at the Embassy/Consulate.
- B.  Absentee ballot for Special Polling Place (SPP). **Deadline: February 2, 2025**  
 I wish to vote at this polling place **permanently**
- C.  Absentee ballot prior to Traveling. **Deadline: March 3, 2025**  
(Attach copy of travel itinerary and Valid ID)
- D.  Absentee to Voting At Another Polling Place (VAAPP) **Deadline: February 25, 2025**  
 I wish to vote at this polling place **permanently**
- E.  Absentee for Mobile Polling Place (MPP)/Confine Voting. **Deadline: March 3, 2025**

**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.

_____	_____
<b>SIGNATURE</b>	<b>DATE</b>

**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.