

Voter's Name

D.O.B.

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

## 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

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 or to the nearest FSM Embassy or Consulate Office.

1. PRINT NAME	2. D	ATE OF BIRTH:	mm/dd/yyyy
First Name	Middle Name	Last 1	Name
3. POLLING PLACE	2.2.2.2.2.2		
5. FOLLING 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.			
<ul> <li>A. □ Absentee ballot by mail. Must be received by January 24, 2019.</li> <li>□ I intend to pick up my absentee ballot at the Embassy/Consulate.</li> <li>B. □ Absentee ballot for Special Polling Place (SPP). Must be received by February 3, 2019.</li> <li>□ I wish to vote at this polling place permanently.</li> <li>C. □ Absentee ballot prior to Traveling. Must be received by March 4, 2019.</li> <li>(Attach copy of travel document)</li> <li>D. □ Absentee ballot for Voting At Another Polling Place. (VAAPP) February 26, 2019</li> <li>□ I wish to vote at this polling place permanently.</li> <li>E. □ Absentee ballot for Mobile Polling Place (MPP). Must be received by March 4, 2019.</li> </ul>			
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.			
<ul> <li>MAIL OR DELIVER THIS FORM TO THE APPROPRIATE ADDRESS.</li> <li>Chuuk NEC Office, P.O. Box 10, Weno Chk FM 96942</li> <li>Kosrae NEC Office, P.O. Box 340, Tofol Kos. FM 96944</li> <li>Pohnpei NEC Office, P.O. Box 1924, Kolonia Pni. FM 96941</li> <li>Yap NEC Office, P.O. Box 849, Colonia, Yap FM 96943</li> <li>Washington Embassy, 1725 N. Street, N.W. Washington, D.C. 20036</li> <li>New York Embassy, 820 2nd Avenue, Suite 17A, New York, N.Y. 10017</li> <li>Honolulu Consulate, 3049 Ualena Street, Suite 910 Hon. Hi. 96819</li> <li>Guam Consulate, P. O. Box 10630, Tamuning Guam 96931</li> <li>Fiji Embassy, P.O. Box 15493, Suva, Republic of Fiji</li> </ul>			
☐ Receipt provided to voter			
EP THIS RECEIPT FOR REFERE	ENCE – Only		Stamp, date & initial here

Polling Place

Type of Request