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

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.

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**

Number of Street/P.O. Box # _____ City/village municipality _____ State/country _____ Zip Code _____

5. **SELECT ONLY ONE TYPE OF ABSENTEE BALLOT REQUEST**

A. ☐ Absentee ballot by mail. ***Must be received by January 21, 2021.***
☐ **I intend to pick up my absentee ballot at the Embassy/Consulate.**

B. ☐ Absentee ballot for Special Polling Place (SPP). ***Must be received by January 31, 2021 .***
☐ **I wish to vote at this polling place permanently.**

C. ☐ Absentee ballot prior to Traveling. ***Must be received by March 1, 2021.***
(Attach copy of travel itinerary)

D. ☐ Absentee ballot for Voting At Another Polling Place. (VAAPP) ***February 23, 2021***
☐ **I wish to vote at this polling place permanently.**

E. ☐ Absentee ballot for Mobile Polling Place (MPP). ***Must be received by March 1, 2021.***

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

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.

7. MAIL OR DELIVER THIS FORM TO THE APPROPRIATE ADDRESS.
- Chuuk NEC Office, P.O. Box 10, Weno Chuuk FM 96942
- Kosrae NEC Office, P.O. Box 340, Tofol Kosrae FM 96944
- Pohnpei NEC Office, P.O. Box 1924, Kolonia Pohnpei FM 96941
- Yap NEC Office, P.O. Box 849, Colonia, Yap FM 96943

☐ *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.***