



YAP STATE ELECTION OFFICE
P.O. Box 928, Colonia, Yap State, FSM 96943
Telephone: (691) 350-6130
 Email: yap.stategov.election.office@gmail.com



APPLICATION TO VOTE BY ABSENTEE BALLOT

I wish to vote by Absentee in the upcoming Election on _____.

1. FULL LEGAL NAME _____ 2. DATE OF BIRTH: _____
 mm/dd/yyyy

_____ First Name Middle Name Last Name

3. POLLING PLACE

 Box # Village/Island Municipality/Atoll ED No.

4. MAILING ADDRESS

 Number of street/P.O. Box # City/Village municipality State/Country Zip Code

5. EMAIL ADDRESS _____

6. SELECT ONLY ONE TYPE OF ABSENTEE BALLOT REQUEST
- A. Absentee ballot by **Mail**. (*Opens 120 days and Closes 5 days prior to election*)
 - B. Absentee ballot for **Special Polling Place**. (*Opens 120 day and Closes-5 days prior to election*)
 - C. Absentee ballot prior to **Traveling**. (*Opens 120 days and Closes 1 day prior to election*)
 - D. Absentee ballot for **Confined Eligible Voter**. (*120 days and Closes 1 day prior to election*)

7. REASON FOR REQUESTING ABSENTEE BALLOT: _____

I have not applied for, nor do I intend 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 of Applicant Date

Subscribed and sworn to before me this _____ day of _____, in the year _____.

_____ Notary Public/Election Board (Print full name) Signature

TO BE COMPLETED BY STAFF OF THE YAP STATE ELECTION OFFICE

Verification as to Eligibility By: _____ Signature _____

Date: _____

Approved By:

Election Commissioner: _____ Date: _____