

COVID-19 ABSENTEE BALLOT REQUEST

ACTIVE REGISTER VOTERS ONLY

1. Name: _____ (First/ Middle/ Last)		2. Registration No: _____	
3. Social Security No: _____ XXX -XX - _____		4. Last Voted: _____ Year District Village: _____	
5. Date of Birth: _____		6. Phone Number(s): _____	
7. Actual Residence (Address): _____		8. Mailing Address (Do not leave blank): _____	
9. Date of departure? _____		10. Purpose: _____	
11. I prefer to receive my absentee ballot by (select one): <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile <input type="checkbox"/> Electronic Mail Facsimile No.: _____; or Email Address(s): _____			
<i>I hereby swear/ affirm that the foregoing information is true and correct. If any part of this Request is untrue, I understand that it may hamper my right to vote.</i>			
_____ <i>Signature of Applicant</i>		_____ <i>Date</i>	
This application may be returned in person, mailed, faxed, or emailed to: Chief Election Officer Election Office American Samoa Government P.O. Box 3970 Pago Pago, American Samoa 96799 Fax: 1-684-699-3574 Email: absentee@eo.as.gov			