

REQUEST FOR ABSENTEE BALLOT FORM

1. Name:			Registration No.:	
(First Middle Last)				
3. Social Security No.: XXX - XX -	4. Last Voted:Year		 District	Village
		rear	District	Village
5. Date of Birth:		Phone Number(s):		
6. I will be absent from the Territory on Election Day because I am (select one) – Absentee Voter Status: [] Employed in the service of the U.S. Government				
7. Actual Residence (Address):		8. Mailing A	Address (Do not leave blan	ık):
				
Complete 9 only IF you are an ABSENT UNIFORMED SERVICES VOTER or an OVERSEAS VOTER voting for Delegate to the U.S. House of Representatives (Congress Ballot).				
9. I prefer to receive my absentee ballot by (Select one): [] Mail [] Facsimile [] Electronic Mail				
Facsimile No.:; or Email Address(s):				
NOTE: All absentee ballots for local office (Governor/Lt. Governor and Representatives to the American Samoa Legislature) will be transmitted by regular postal mail regardless of absentee voter status.				
10. THIS PORTION MUST BE COMPLETED BY THE APPROPRIATE OFFICIAL. DO NOT LEAVE BLANK.				
Military Service/Employment/School: Verification of number 6 above:				
Type/Print Name Official		Title	Organization	n
Signature of Authorized Official		Date	Phone Num	 ber
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.				
Signature of Applicant			Date	
This application may be returned in person, mailed, fax Chief Election Officer Election Office American Samoa Government P.O. Box 3970 Pago Pago, American Samoa 96799 Fax: 1-684-699-3574	xed, or emaile	ed to:		

^{*}As defined by the Uniformed and Overseas Citizens Absentee Voting Act of 1986, as amended, 42 U.S.C. 1973ff, et seq., and Section 6.0102, A.S.C.A.