

## 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

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM. A registered voter who wishes to vote by absentee ballot shall complete this form and sign in the box below. You must personally mail or deliver this application to the FSM National Election Office of your state.

First Na	nme	Middle Name	La	ast Name
2. DATE OF	BIRTH:			
<b>2</b> . <b>2</b> . <b>1</b>		mm/dd/yyyy		
3. POLLING	PLACE			
Box #	Village	Municipality	ED#	State
4. <b>MAILING</b> (Please print cle		complete mailing address, ba	allot will be sent to the	mailing address provided.)
Street/P.O. Box	#	City/ Apartment #	State/Country	Zip Code
5. SELECT	ONLY ONE TY	YPE OF ABSENTEE BA	ALLOT REQUEST	,
	<u> </u>	ny mail. <u>Deadline: May 30,20.</u>	_	
		up my absentee ballot at th		te.
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		or Special Polling Place (S this polling place permand		<u>24, 2023</u>
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		rior to Traveling. <u>Deadline:</u> vel itinerary and Valid ID)	July 3, 2023	
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Absentee ballot request form must be submitted individually.