Fax No.(684) 699-3574

AMERICAN SAMOA GOVERNMENT PAGO PAGO, AMERICAN SAMOA 96799

ELECTION OFFICE REQUEST FOR ABSENTEE BALLOT FORM

1. Name:				Registrat	ion No.:	
	First	Middle	Last			
3. Social Securi	ty No.:	4. La	st Voted:			
			Ye		District	Village
5. Date of Birth	n:/		·			
[] Employed i	in the service of the at an institution of le	U.S. Government	[] An absent un [] Employed in	ct one) – Absentee \ iformed services vot the service of the Ai sentatives*	ter (including spo	•
7. Actual Resid	ence (Address):	·	8.	Mailing Address (Do	o not leave blank):
Representative	es.			erseas voter voting f	-	ne U.S. House of
All absentee bal	llots for local office		nor and Represent	:		
10. THIS PORTI	ON MUST BE COME	LETED BY THE APPR	OPRIATE OFFICIAL	L. DO NOT LEAVE BI	LANK.	
Military Se	rvice/Employment	/School: Verificatio	n of number 6 abo	ve:		
Type/P	rint Name	_	Title		Organization	
Signatu	ure of Official		Date			
I hereby swear/o may hamper my		going information is	true and correct. I	f any part of this Red	quest is untrue, I	understand that it
	Signature of Appli	cant		Date		
Chief Ele Election America P.O. Box	ction Officer Office n Samoa Government	son or mailed, faxed, c	r emailed to:			

Email: asgelect@samoatelco.com
*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.