



GUAM ELECTION COMMISSION

Kumision Eleksion Guåhan

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APPLICATION FOR BALLOT TO BE VOTED AT THE _____
ELECTION ON THE DAY OF _____, 20 _____.

GUAM
County or Municipality of _____

I, _____, do solemnly swear that I am a resident of Guam and of the district or municipality of _____ and that I am a duly qualified elector entitled to vote at said election; that I am not registered to vote in any other jurisdiction; that I understand the prohibitions against and the penalty for voting in any election of Guam if I am presently registered to vote in another jurisdiction; that my occupation is _____ and that on account of _____

I cannot be at the polls on election day, I hereby make application for an official ballot to be voted by me at such election, and that I will return said ballot to the commission before the time of the closing of the polls on election day.

US Passport or Nat. # _____
(If not born in the U.S.)

Date of Birth: _____

Contact # or Email: _____

Place of Birth: _____

Permanent Guam Mailing Address:

Present Mailing Address: (Address to Mail Ballot To)

(PLEASE READ CAREFULLY BEFORE SIGNING)

ANY APPLICANT FROM OUTSIDE OF GUAM MUST COMPLETE THE BACK SIDE OF THIS APPLICATION; FAILURE TO DO SO MAY RESULT IN THE DISAPPROVAL OF YOUR APPLICATION.

Any applicant who fails to document his/her application for ballot in accordance with Commission regulations shall be denied a ballot, and his/her name will be stricken from the register of qualified voters in accordance with Chapter 3 of this Title.

Section 10126. **Penalty for False Affidavit.** Any person who shall willfully swear falsely to any affidavit prescribed in this Chapter shall be punished in accordance with the provisions of Section 14102 of this Title.

Section 9125. **Overseas Citizens.** (a) Notwithstanding the provisions of Section 9124 respecting residency, any citizen of the United States living outside of the United States shall be considered a resident of Guam and shall have the right to register according to the terms of this Chapter, provided that:

- (1) Immediately before abandoning the Guam domicile, he could have met all qualifications except for the qualifications relating to minimum voting age;
- (2) He has complied with all registration requirements; and
- (3) He does not maintain a domicile, is not registered to vote, and is not voting in any other place.

(b) It is necessary that the overseas registrant maintain the intent to return to Guam.

(c) A person loses his residency in the territory if he applies to register to vote or votes in an election held in another jurisdiction by absentee ballot or in person.

(d) No person who is registered to vote in another jurisdiction may vote in Guam until his name is removed or requested to be removed from such registration. The Commission shall provide affidavit forms for the removal of names of voters from the election rolls of other jurisdictions.

(e) Any person who violates any of the above prohibitions shall be guilty of a misdemeanor. These prohibitions shall be clearly displayed on every application for a ballot and at every registration and voting site on Guam.

AFFIRMATION: *I do solemnly swear or affirm, under penalty of perjury, that the information in this document is true and correct to the best of my knowledge.*

NAME (Please Print) _____

SIGNATURE _____

FOR OFFICE USE ONLY

REG # _____

PRECINCT # _____

- APPROVED
- PENDING
- DISAPPROVED

DATE _____

EXECUTIVE DIRECTOR _____

THE FOLLOWING INFORMATION MUST BE PROVIDED SO THE ELECTION COMMISSION CAN DETERMINE IF YOU ARE ELIGIBLE TO VOTE BY ABSENTEE BALLOT. FAILURE TO COMPLETE THIS SECTION MAY RESULT IN THE DISAPPROVAL OF YOUR APPLICATION.

1. Are you attending an institution of learning? YES NO
IF YES,
Name of School: _____
Date of Enrollment: _____
Address of your legal residence immediately prior to your first enrollment: _____

2. Are you engaged in navigation? YES NO
IF YES,
Name of your Employer: _____
Date you were hired: _____
Description of your current job: _____

3. Are you serving in the Armed Forces or Merchant Marines of the United States? YES NO
IF YES,
Name of your Employer: _____
Date you were hired: _____
Description of your current job: _____

4. Are you receiving treatment at a medical institution? YES NO
IF YES,
Nature of disability or illness being treated: _____
Name and address of institution at which treatment is being provided: _____

Name and address of principal treating physician: _____

Did you leave Guam under Doctor's order? YES NO
IF YES,
State the name and address of the doctor: _____

Specific nature of the doctor's order: _____
Date the order was given: _____

5. Are you accompanying a spouse who is engaged in any activity listed above? YES NO
IF YES, answer questions pertaining to spouse in appropriate section. For example, if you are accompanying a spouse who is undergoing medical treatment, answer all questions in No. 4, just as spouse would answer them.

6. Do you own a house outside of Guam? YES NO
Have you lived in the house for more than 30 days? YES NO

7. What was the last date you were on Guam? _____
Month Day Year

3. Are you currently employed with a Federal Agency or Territorial Government Office? YES NO
If so, please state _____
NAME
Mailing Address: _____

Date your current position commenced: _____
Month Day Year

Did you work with this agency the last time you resided on Guam? YES NO
If on a contract, please state when contract started, duration, and where contract provides you to be transported to on its completion.

AFFIRMATION: I do solemnly swear or affirm, under penalty of perjury, that the information in this document is true and correct to the best of my knowledge.

NAME (Please Print)

SIGNATURE