

Type or legibly print all information; sign; complete oath; self address small post card to your current address; fold so that large post card is on outside; seal; complete "to" and upper left corner on large post card and mail.

Privacy Act Statement

AUTHORITY: Executive Order 9397, November 1943 (SSN)
- 42 USC 1973ff et seq.

ROUTINE USE: All persons covered by the Uniformed and Overseas Citizens Absentee Voting Act, Public Law 99-410, use this form to apply for registration and absentee ballot.

PRINCIPAL PURPOSE: Serves as an application for registration or request for absentee ballot.

DISCLOSURE: Voluntary; however, failure to provide the necessary information may keep the pertinent state or other jurisdiction from processing this request and may prevent you from voting absentee

Standard H
(Re

SPECIFIC INSTRUCTIONS

1. **APPLICANT INFORMATION:** Person requesting registration provide passport, State D number, if none, indicate certificate, etc.) and identification.

2. **LAST VOTED:** Enter information as known for VOTED. This is not necessary.

3. **VOTING RESIDENCE ACTUALLY LIVED:** Your determination of voting physical location while you **MAY NOT USE A PO ROUTE NUMBER.** Example: home of record; permanent locality or state where you it may have been. It would and telephone number section in the event local concerning the application.

4. **MAIL ABSENTEE BALLOT:** mailing address where you ballot. Be sure to include ZIP Code. If you will have registration forms or ballot list the new address.

5. **REMARKS:** Provide feel will assist state official. Consult the **APPROPRIATE** information which may be are requesting your state indicate here the reason special write-in ballot, if mail service, submarine etc. **Specific Instructions reverse.**

Election Official name and complete address



U.S. Postage Paid
39 USC 3406

PAR AVION

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAILS - DMM 137.3

Applicant name and complete address

TO: PETER GRAHAM OLSON
7804 ASHLEY GLEN ROAD
ANNANDALE, VA 22003-1555

10:52am
Rec'd for Record 9/4 1996
Town Clerk of Newtown
Sydney Luteri Senior

FEDERAL POST CARD REGISTRATION AND ABSENTEE BALLOT REQUEST

APPLICATION FOR STATE OF CONNECTICUT COUNTY OF _____ CITY OR TOWNSHIP OF NEWTOWN

Be sure to sign this form in Block 8 and address the small postcard above to your current address. All entries must be typed or printed.

1. APPLICANT INFORMATION (See Instruction 1.)				6. REASON FOR ABSENTEE BALLOT (X one)				
a. Typed or Printed Name (Last, First, Middle) <u>OLSON, PETER GRAHAM</u>		b. Sex <u>M</u>	c. Race <u>C</u>	<input checked="" type="checkbox"/>	a. Member of armed forces, uniformed services or merchant			
d. Social Security No. [REDACTED]		e. Other Identification No. (Passport, ID Card) <u>PASSPORT # J201383</u>		f. Marital Status <u>MARRIED</u>		b. Spouse or dependent of 6a.		
g. Date of Birth (Mo/Day/Yr) <u>12/09/62</u>		h. Place of Birth (City, State, Country) <u>TACOMA, WA, USA</u>		c. U.S. citizen temporarily residing outside U.S.		[REDACTED]		
i. If Naturalized (1) Naturalization No.		(2) Place of Naturalization		(3) Date of Naturalization (Mo/Day/Yr)		d. U.S. citizen overseas by virtue of employment or accompaniment		
2. I LAST VOTED				<input checked="" type="checkbox"/> a. Primary <input checked="" type="checkbox"/> b. General <input checked="" type="checkbox"/> c. Special <input checked="" type="checkbox"/> d. All else				
a. Year <u>1984</u>	b. County, City or Township <u>HARRIS</u>	c. State <u>TX</u>	d. Voter Registration No. (if known) <u>UNKNOWN</u>	LIST PARTY AFFILIATION IF 7.a. OR d. IS MARKED: <u>REPUBLICAN</u>				
3. VOTING RESIDENCE (Legal or last residence in the U.S.)				7. I REQUEST ABSENTEE BALLOTS FOR THE NEXT ELECTIONS (X as applicable. See Instruction 7.)				
b. Number and Street (Do not use box or rural route) <u>31 POVERTY HOLLOW</u>		a. Last Date of Residency (Mo/Day/Yr) <u>08/01/84</u>		<input checked="" type="checkbox"/> a. Primary <input checked="" type="checkbox"/> b. General <input checked="" type="checkbox"/> c. Special <input checked="" type="checkbox"/> d. All else				
c. City, Town, or Village <u>NEWTOWN</u>		d. County or Parish	e. State <u>CT</u>	f. ZIP <u>06470</u>	8. AFFIRMATION BY APPLICANT I swear or affirm, under penalty of perjury, that:			
4. MAIL ABSENTEE BALLOT TO: (Complete mailing address where you want ballot mailed)				a. I am a United States Citizen, eligible to vote in the above jurisdiction.				
<u>7804 ASHLEY GLEN ROAD</u>				b. I have not been convicted of a felony or other disqualifying offense, mentally incompetent, or if so, my voting rights have been reinstated.				
<u>ANNANDALE, VA 22003-1555</u>				c. I am not requesting a ballot from or voting in any other U.S. state, division thereof in the coming election(s).				
5. REMARKS <u>(703) 573-8633 OFF 3/05</u>				d. The information on this form is true and complete.				
				e. SIGNATURE OF APPLICANT <input checked="" type="checkbox"/> <u>Peter G. Olson</u>				
				9. OATH. SUBSCRIBED AND SWORN TO (If oath is required by state, enter following information for the)				
				a. TYPED OR PRINTED NAME		b. TITLE		
				d. SIGNATURE OF OFFICIAL				

The information contained herein is for official use only. Any unauthorized release of this information may be punishable.

**Confirmation of
Voting Residence
RETURN FORM
PART B**

TO: Registrar of Voters
45 Main Street
06470

District
097

**LAST DATE to return this form:
March 18, 2005**

Please check all appropriate boxes and enter information requested.

1. I still live at the address shown on this form.
2. I have moved to a different address within this town.
3. I have moved out of town.
4. Send me a Mail-In Card to register in my new town.
5. I am temporarily absent from the town, but I intend to return.
(Reason for your absence)

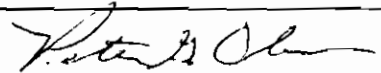
3.0

NEW ADDRESS IS(No., street, town, state)	DATE MOVED
8203 STRONG SPRING COURT ANNANDALE, VA 22043	2/27/98

Birth Date 12/9/62

Name and Address on last list of Registered Voters
Peter G Olson
31 Poverty Hollow Road
Newtown, CT 06470-1875
R004

*Don't RISK your Right to VOTE!
Fill out and Return this to Registrars !!!*

SIGNATURE OF VOTER	DATE SIGNED
	2/27/05

