★ VIRGINIA ★
DEPARTMENT *of* ELECTIONS

Commonwealth of Virginia Voter Photo Identification Card Application

Unless otherwise indicated, all items on this form are required.

Photo IDs will be mailed to the applicant's address on file in the Commonwealth of Virginia voter registration system upon approval.

Your Name

1

First Name _____ Last Name _____

Middle Name _____ ☐ None Suffix _____ ☐ None

Additional Information

2 Birth date M M / D D / Y Y Y Y

3 Social Security Number ___ - ___ - ____ (Last 4 Digits Required)

4 Telephone (optional) ___ - ___ - ____

5 Email (optional) _____

Swear/Affirm

6

The Commonwealth of Virginia Photo Identification Card may only be used for voting purposes, and may only be issued to registered voters that do not have acceptable photo identification. Other acceptable forms of photo identification include:

- Valid Virginia driver's license
- DMV issued photo identification card
- Valid United States passport
- Government issued photo identification
- Valid college or university student photo identification card (issuer must be institution of higher education located in Virginia) or
- Valid Employee photo identification

I swear/affirm that the information provided on this form is true.

Signature _____ M M / D D / Y Y Y Y

Privacy Act Notice: This form requires the last four digits of your social security number for identification and to prevent fraud. Your application may be denied if you fail to provide the last four digits of your social security number or any other information necessary to determine your qualification to vote. Federal law (the Privacy Act and Help America Vote Act) and state law (the Virginia Constitution, Article II, § 2, Title 24.2 of the Code of Virginia and the Government Data Collection and Dissemination Support Act) authorize collecting this information and restrict its use to official purposes only. This application will only be open to public inspection if the social security number is fully removed.

For Internal Purposes Only:

Processed by: _____ Date: M M / D D / Y Y Y Y Voter ID #: _____