

**SPECIAL NOTE REGARDING  
PETITION OF QUALIFIED VOTERS FORM**

The Petition Of Qualified Voter form is a two page document that should be printed on 8 ½" x 14" paper. When you print this form, it should be printed front and back on one 8 ½" x 14" sheet of paper. When reproducing this document, it must be reproduced the same way. Front of form contains line numbers 1 through 10; the back of the form contains line numbers 11 through 20 followed by the AFFIDAVIT. If you are unable to print or reproduce this form on 8 ½" x 14" printed back and front, then call our office at 800-552-9745 or 804-864-8901 and we will be glad to send you a form.

COMMONWEALTH OF VIRGINIA  
**PETITION OF QUALIFIED  
 VOTERS**

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: \_\_\_\_ [optional].

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE IF APPLICABLE, DISTRICT

We, the qualified voters of the district in which the above candidate seeks nomination or election and of \_\_\_\_\_ signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who either is, or who is eligible to be, registered and qualified to vote for the office for which this petition is circulated. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT IN WHICH THE CANDIDATE SEEKS OFFICE AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
2.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
3.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
4.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
5.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
6.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
7.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
8.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
9.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
10.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

**CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE**

\* **Privacy notice:** The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT IN WHICH THE CANDIDATE SEEKS OFFICE AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
13.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
14.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
15.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
16.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
17.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
18.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
19.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
20.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

Commonwealth of Virginia

**- AFFIDAVIT -**

I, \_\_\_\_\_, swear or affirm that (i) my resident address is \_\_\_\_\_; (ii) I am, or I am eligible to be, a registered and qualified voter in the County/City of \_\_\_\_\_ or, if this petition is for a town office, the Town of \_\_\_\_\_; (iii) I reside and am registered, or eligible to be registered, in the district in which the candidate seeks office; (iv) I am qualified, or eligible to be qualified, to vote for the office for which this petition is circulated, and (v) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a fine up to \$2,500 and imprisonment up to ten years.

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

\_\_\_\_\_  
SIGNATURE OF PERSON CIRCULATING THE PETITION

\_\_\_\_\_  
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

State of \_\_\_\_\_ County/City of \_\_\_\_\_

The foregoing instrument was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
PRINT NAME OF PERSON CIRCULATING THE PETITION

\_\_\_\_\_  
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS    NOTARY REGISTRATION NUMBER\*\*    DATE NOTARY COMMISSION EXPIRES\*\*

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\*\* If not included in seal/stamp.