

## **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. The front of the form contains line numbers 1 through 11; the back of the form contains line numbers 12 through 25 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 and we will be glad to send you the 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 order to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: \_\_\_\_ [optional].

NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]	
RESIDENT ADDRESS OF CANDIDATE	
CITY/TOWN	ZIP
OFFICE SOUGHT	DISTRICT, IF APPLICABLE

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.

**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 <u>ARE NOT ACCEPTABLE</u> RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
1.	SIGN			
	PRINT			
2.	SIGN			
	PRINT			
3.	SIGN			
	PRINT			
4.	SIGN			
	PRINT			
5.	SIGN			
	PRINT			
6.	SIGN			
	PRINT			
7.	SIGN			
	PRINT			
8.	SIGN			
	PRINT			
9.	SIGN			
	PRINT			
10.	SIGN			
	PRINT			
11.	SIGN			
	PRINT			

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

\* The social security number is part of each voter's official record and is requested only to make it possible to check this petition more quickly and with greater accuracy. It is not mandatory that it be provided. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing social security numbers.

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 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 <u>ARE NOT</u> ACCEPTABLE <b>RESIDENT ADDRESS</b> House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW <b>SOCIAL SECURITY NUMBER</b> [OR LAST FOUR DIGITS]
12.	SIGN			
	PRINT			
13.	SIGN			
	PRINT			
14.	SIGN			
	PRINT			
15.	SIGN			
	PRINT			
16.	SIGN			
	PRINT			
17.	SIGN			
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18.	SIGN			
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19.	SIGN			
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20.	SIGN			
	PRINT			
21.	SIGN			
	PRINT			
22.	SIGN			
	PRINT			
23.	SIGN			
	PRINT			
24.	SIGN			
	PRINT			
25.	SIGN			
	PRINT			

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 the penalty for falsely signing this affidavit is a maximum fine of \$2500 and/or confinement for up to ten years.

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

\_\_\_\_\_  
CIRCULATOR'S  
SOCIAL SECURITY NO.  
[OR LAST FOUR DIGITS]

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

\_\_\_\_\_  
NOTARY ID NUMBER

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