

Commonwealth of Virginia  
**CERTIFICATE OF CANDIDATE QUALIFICATION**  
**ELECTOR FOR**  
**PRESIDENT AND VICE PRESIDENT**

**NOTICE: KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW. THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.**

I am a candidate for the above office for the  Commonwealth AT LARGE OR  \_\_\_\_\_ Congressional District representing the following party or candidates: \_\_\_\_\_ and hereby certify that:

ENTER PARTY OR CANDIDATES NAMES

- 1. I am a citizen of the United States. [ ] YES [ ] NO
- 2. I am at least eighteen years of age or will be on or before the date of the election. [ ] YES [ ] NO
- 3. I am a resident of the Commonwealth of Virginia. [ ] YES [ ] NO
- 4. I reside in the congressional district in which I seek office. [ANSWER ONLY IF YOU ARE A DISTRICT ELECTOR] [ ] YES [ ] NO  
 If **AT LARGE** Elector, state congressional district of residence: \_\_\_\_\_
- 5. My legal residence is: [residence address must be given; post office box or general delivery is not acceptable]

\_\_\_\_\_  
STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER

City/Town \_\_\_\_\_ ZIP \_\_\_\_\_

County or City of residence: \_\_\_\_\_

- 6. I am registered to vote at the above address in the precinct in which I reside. [ ] YES [ ] NO  
[or if not and registration books are closed, my application for registration, transfer, or change of address is on file in the general registrar's office for processing when books re-open]
- 7. I understand that, if elected, I must cast my ballot at the Electoral College for the Presidential and Vice Presidential candidates that I represent, or as directed by the Party in the event of the death, withdrawal or disqualification of either nominee. [ ] YES [ ] NO
- 8. Have you ever been convicted of a felony? [ ] YES [ ] NO
- 9. Have you ever been adjudicated mentally incompetent **and** lost your right to vote? [ ] YES [ ] NO
- 10. If you answered **YES** to 8, give date of certificate restoring voting rights.  
 If **YES** to 9, give date of court order restoring competency. DATE OF RESTORATION
- 11. Are you a member of the United States Senate or House of Representatives? [ ] YES [ ] NO
- 12. Do you hold an office of trust or profit under the government of the United States? [ ] YES [ ] NO

IF YOUR POSITION WITH THE GOVERNMENT OF THE UNITED STATES IS CREATED BY THE CONSTITUTION OR A STATUTE, AND YOU WERE EITHER ELECTED OR APPOINTED TO YOUR POSITION, AND YOUR POSITION HAS A DESIGNATION OR A TITLE, AND THE LAW IMPOSES PUBLIC DUTIES ON YOU, THEN YOU ARE NOT QUALIFIED TO SERVE AS ELECTOR.

**PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:**

|  |  |  |
|--|--|--|
| <small>YOUR NAME [SEE REVERSE SIDE FOR REQUIREMENTS]</small> | <small>YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE]</small> |  |
| <small>MAILING OR CAMPAIGN ADDRESS</small>                   | <small>ELECTION DATE (MM/DD/YYYY)</small>                                  |  |
|  | <small>(AREA CODE) HOME TELEPHONE</small>                                  |  |
| <small>E-MAIL ADDRESS</small>                                | <small>(AREA CODE) BUSINESS TELEPHONE</small>                              |  |
| <small>WEB ADDRESS</small>                                   |  |  |

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

\_\_\_\_\_  
DATE

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

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

PRINT NAME OF CANDIDATE

\_\_\_\_\_  
SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT

\_\_\_\_\_  
NOTARY REGISTRATION NUMBER

\_\_\_\_\_  
DATE NOTARY COMMISSION EXPIRES