



Powhatan County Election Official Application

Full Name: _____
Last *First* *Middle*

Address: _____

Date of Birth: _____ (month/day/full year)

Phone Number(s): _____

E-mail Address: _____

Are you a U.S. Citizen?

Yes No

Are you registered to vote in the Commonwealth of Virginia?

Yes No

To which political party do you affiliate?

Republican Democrat Independent

Please return completed form to:

**Powhatan County Office of Elections
3910 Old Buckingham Road, Suite E
Powhatan, VA 23139**