



OFFICE OF THE SUPERVISOR OF ELECTIONS

#216 Upper Main Street, Creque's Building, Road Town, Tortola
Telephone: 1 (284) 468-4380 Email: Electionsvi@gov.vg

Applicant's Personal Information

Date: _____ **mm/dd/yyyy**

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ **mm/dd/yyyy**

Father's First Name: _____

Mother's Maiden Name: _____

Belonger's Card No.: _____ Passport No.: _____

Birth Certificate No.: _____ Social Security No.: _____

Height: _____ ft _____ in

Employment Contact #: _____ Personal Contact#: _____

Mailing Address: _____

Email Address: _____