

# APPLICATION FOR OFFICIAL ABSENTEE BALLOT

**PLEASE PRINT** (Failure to fill out the form completely could delay your application)

Date of Primary, Election, or Runoff: \_\_\_/\_\_\_/\_\_\_

Voter Registration #: \_\_\_\_\_

<b>Voter name</b>	<b>1</b>	First: _____ Middle: _____ Last: _____ Suffix: _____
<b>Permanent address on file with county election office</b> <small>This is the address at which you are registered OR the mailing address you have given your county elections office. Your ballot will be sent here unless you provide a valid address in Section 3.</small>	<b>2</b>	Street: _____ City: _____ Zip: _____ County: _____
<b>Temporary address where you want ballot sent</b> <small>If you wish to receive your absentee ballot at an address other than the one in Section 2, fill it in here. This address must be in a different county than the county listed in Section 2 unless you are physically disabled, detained, or are updating your permanent address.</small>	<b>3</b>	Street: _____ City: _____ Zip: _____ County: _____ <input type="checkbox"/> Check here if your permanent address has changed and you want to update the address in Section 2 with the address you've provided in Section 3.
<b>Date of birth</b>	<b>4</b>	Date of birth: (MM/DD/YYYY) _____
<b>Type of ballot</b> <b>Required; check one</b>	<b>5</b>	<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan (will not have ANY party candidates listed)
<b>Contact information</b>	<b>6</b>	To assist your county elections officials in contacting you in a timely manner if your application is incomplete, please provide the following information. Phone number: _____ Email: _____
<b>Signature or mark of voter</b> <b>Required if</b> voter fills out this application	<b>7</b>	Signature or mark of voter: _____ Today's date: (MM/DD/YYYY) _____
<b>Signature of person providing assistance</b> <b>Required only if</b> voter is disabled or illiterate and received assistance completing this application	<b>8</b>	Signature of assistant: _____ Today's date: (MM/DD/YYYY) _____
<b>Signature of person requesting ballot if not voter</b> <b>Required only if</b> Section 7 is left blank	<b>9</b>	Signature of requestor: _____ Relationship to voter: _____ I swear that the facts contained in this application are true and that I am either the mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law of the age of 18 and swear (or affirm) that the above-named voter is (check one) <input type="checkbox"/> physically disabled or <input type="checkbox"/> temporarily residing out of the county
<b>Eligibility to receive vote by mail ballots for the rest of the election cycle without another application?</b>	<b>10</b>	<input type="checkbox"/> E - Elderly - I am 65 years of age or older <input type="checkbox"/> D - Disabled - I have a physical disability <input type="checkbox"/> U - UOCAVA Voter - I am a uniformed service member, spouse or dependent of a uniformed service member, or other US citizen residing overseas. My current status is <b>(please mark one):</b> <input type="checkbox"/> MOS - Military Overseas <input type="checkbox"/> OST - Overseas Temporary Resident <input type="checkbox"/> MST - Military Stateside <input type="checkbox"/> OSP - Overseas Permanent Resident (federal offices only) Email: <b>(required for UOCAVA voters requesting electronic transmission)</b> _____

**FOR OFFICE USE ONLY**

Dist. Combo: \_\_\_\_\_ Precinct: \_\_\_\_\_ Ballot #: \_\_\_\_\_  
 Received Date: \_\_\_\_\_ ISS Date: \_\_\_\_\_ Certified Date: \_\_\_\_\_ Rejection Date: \_\_\_\_\_  
 ID SHOWN: GADL \_\_\_\_\_ Other: \_\_\_\_\_  
 I certify that the above named voter  is eligible  is not eligible to receive a vote by mail ballot  
 Reason for Rejection: \_\_\_\_\_ Registrar Signature: \_\_\_\_\_  
 Ballot to be:  Mailed Electronically     Transmitted/delivered to voter in hospital by Registrars/Deputy     Voted in office (municipal only)