

ABSENTEE BALLOT APPLICATION

County or Municipality: _____ Date: _____

Name as registered: _____

Address as registered: _____
(CITY) (STATE) (ZIP)

Date of birth: _____ Date of Primary, Election, or Runoff: _____
(For a primary ballot, select political party by checking appropriate box) **DEMOCRATIC** **REPUBLICAN**

PLEASE CHECK THE APPROPRIATE BOX:

- ABSENTEE VOTING (In Person Only):** See reverse side for appropriate reason code and circle here: **OP D CG EO RH PS E**
- ADVANCE VOTING (In Person Only):** Monday - Friday of the week immediately preceding the election; not required to provide a reason.
- NO REASON ABSENTEE (By Mail Only):** Requesting an absentee ballot by mail; not required to provide a reason.

MANNER IN WHICH ABSENTEE BALLOT SHALL BE PROVIDED:

- I request that I be allowed to vote my ballot in the registrar's office at this time;
- I request that ballot be mailed to: _____
- I request that ballot be delivered to voter in hospital. Name of hospital: _____

SIGNATURE (OR MARK) OF VOTER: _____

Signature of person assisting disabled or illiterate voter: _____

NOTE: Each voter must make their own application by mail, by fax, or in person unless he or she is residing temporarily out of the county or municipality, or is a voter with a disability residing within the county or municipality. A disabled or illiterate voter may receive assistance.

IF YOU ARE VOTING BY ABSENTEE BALLOT BECAUSE YOU ARE: (check appropriate box below)
A member of the Armed Forces or Merchant Marines of the United States or a spouse or dependant living outside the county or municipality in which the election is held,
 MST – military stateside **MOS** - military overseas **OSC** - overseas civilian (permanent)
 A voter age 75 or older, or
 A voter with a physical disability, you may choose to submit one application and receive a ballot for the Primary, Primary Runoff Election, and Election Runoff by completing the information below:
I CHOOSE TO RECEIVE:
 All absentee ballots as allowed by law

FOR VOTERS RESIDING TEMPORARILY OUT OF COUNTY/MUNICIPALITY OR VOTERS WITH A PHYSICAL DISABILITY RESIDING WITHIN COUNTY/MUNICIPALITY:
In the case of a voter residing temporarily out of the county/municipality or a physically disabled voter residing within the county/municipality, application may be made by 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 or over upon completing the following oath: I, the undersigned, do swear (or affirm) that the above named voter is:
 residing temporarily out of the county/municipality
 a voter with a physical disability residing within the county/municipality and that the facts included within this application are true.

Signature and relationship of relative requesting ballot

Office Use Only

The voter named is eligible to receive an absentee ballot The voter named is ineligible to receive an absentee ballot

Date Application Received: _____ Date Ballot Mailed: _____
Date Ballot Returned: _____ Voter Registration #: _____
Precinct ID: _____ Combo#: _____

Reason for rejection:

