

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

PLEASE PRINT (FAILURE TO FILL OUT THE FORM COMPLETELY COULD DELAY YOUR APPLICATION)

Date of Primary, Election, or Runoff: / /20

FOR PRIMARY ELECTIONS ONLY (please check one): DEMOCRATIC NON PARTISAN REPUBLICAN

Form with fields: APPLICATION DATE, DATE OF BIRTH, DAYTIME CONTACT NUMBER (optional), EMAIL ADDRESS (required for UOCAVA Voter requesting electronic transmission), NAME AS REGISTERED (LAST, FIRST, MIDDLE), ADDRESS AS REGISTERED (STREET #, CITY, ZIP CODE)

Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled voter).

Form with fields: # STREET, CITY, STATE, ZIP CODE

Note: You must file a separate application for each election for which you are requesting an absentee ballot (\*see exceptions below for voters over the age of 65, disabled, or military or overseas citizens). You may file your application up to 180 days prior to the Date of the Election.

\* EXCEPTIONS:

If you meet the following criteria, you may choose to complete one application and receive a ballot for the General Primary, General Primary Runoff (if any), General Election, and General Election Runoff (if any) by checking one of the following boxes:

- E - Elderly - I am 65 years of age or older.
D - Disabled - I have a physical disability.
U - UOCAVA Voter - Member of armed forces of Merchant Marines of the United States, commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration, spouse or dependent residing with or accompanying said member, or a United States citizen residing overseas. My current status is (please mark one):
MOS - Military Overseas MST - Military Stateside
OST - Overseas Temporary Resident OSP - Overseas Permanent Resident (federal offices only)

For UOCAVA Voters Only - I would like to receive my absentee ballots by electronic transmission

SIGNATURE OR MARK\* OF VOTER - REQUIRED

\*Signature of person preparing application if voter is disabled or illiterate - REQUIRED

You may apply on behalf of another person only in the following circumstances: In the case of a voter residing temporarily out of the county or a physically disabled voter residing within the county, 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 (check one): residing temporarily out of the county or is a physically disabled voter residing within the county and that the facts included in this application are true.

SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT - REQUIRED

OFFICE USE ONLY

Form with fields: Voter Registration #, DIST. COMBO, PRECINCT, APPLICATION RECEIVED DATE, BALLOT #, ISS. DATE, CERTIFIED DATE, REJECTION DATE, ID SHOWN: GADL OTHER

Form with fields: I HEREBY CERTIFY THAT THE ABOVE NAMED VOTER IS ELIGIBLE / IS NOT ELIGIBLE TO RECEIVE AN ABSENTEE BALLOT, PACKET PREPARED BY, PACKET REVIEWED BY, REASON FOR REJECTION

Ballot to be: Mailed Electronically Transmitted
Delivered to voter in hospital by Registrar/Deputy Registrar
Voted in office (Municipal Only)

Registrar Signature