


- the dotted line.
5. Fold panels so that the address to your county elections office is visible on the outside.

application and email it to: _____

 Cut along line before returning form.



APPLICATION FOR OFFICIAL ABSENTEE BALLOT

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

Date of Primary, Election, or Runoff: 5 /19/ 2020

Voter Registration #:

Voter name	1	First: Tu primer nombre Last: Tu apellido	Middle: Tu segundo nombre Suffix: Jr, Sr, III, etc.
Permanent address on file with county election office <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>	2	Street: Tu domicilio (número y calle) City: Ciudad donde vives County: Condado donde vives	Zip: Tu código postal
Temporary address where you want ballot sent <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>	3	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.	
Date of birth	1	Date of birth: (MM/DD/YYYY) _____	
Type of ballot Required; check one	2	<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan (will not have ANY party candidates listed)	
Contact information	3	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: _____	
Signature or mark of voter Required if voter fills out this application	4	Signature or mark of voter: _____ Today's date: (MM/DD/YYYY) _____	
Signature of assistance Required if voter is illiterate and received assistance completing this application	5	Signature of assistant: _____ Today's date: (MM/DD/YYYY) _____	
Signature of ballot if not voter Required only if Section 7 is left blank	9	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	
Eligibility to receive vote by mail ballots for the rest of the election cycle without another application?	10	<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 (please mark one) : <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: (required for UOCAVA voters requesting electronic transmission) _____	

Ayudante

Ayudante

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)