

# APPLICATION FOR OFFICIAL ABSENTEE BALLOT

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

Date of Primary, Election, or Runoff: (MM/DD/YYYY) \_\_\_\_\_ **Paso 3**

|  |           |  |
|--|-----------|--|
| <b>Voter name</b> <b>Paso 4</b>  | <b>1</b>  | First: _____ Middle: _____<br>Last: _____ Suffix: _____  |
| <b>Permanent address on file with county election office</b><br>This is the address at which you are registered. This is the mailing address you have given your county election office. Your ballot will be sent here unless you provide a valid address in Section 3. <b>Paso 5</b>  | <b>2</b>  | Street: _____<br>City: _____ Zip: _____<br>County: _____   |
| <b>Temporary address where you want ballot sent</b><br>If you wish to receive your absentee ballot at an address other than the one in Section 2, fill it in here. This address <b>must be in a different county that the county listed in Section 2</b> unless you are physically disabled or detained in jail or other detention facility. | <b>3</b>  | Street: _____<br>City: _____ State: _____<br>Zip: _____ County: _____  |
| <b>Date of birth</b> <b>Paso 6</b>   | <b>4</b>  | Date of birth: (MM/DD/YYYY) _____  |
| <b>Type of ballot</b><br><b>Required</b> in a primary <b>Omitir este Paso</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>Paso 7-8</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.<br>Phone number: _____ Email: _____  |
| <b>Signature or mark of voter</b><br><b>Required</b> if voter fills out this application. <b>Paso 10-11</b>  | <b>7</b>  | Signature or mark of voter: _____<br>Today's date: (MM/DD/YYYY) _____  |
| <b>Signature of person providing assistance</b><br><b>Required</b> if the voter receives assistance filling out this form. Assistance is only allowed if the voter is illiterate. <b>Paso 9 - Sólo si requiere ayuda para llenar la forma</b>  | <b>8</b>  | Name of assistant: _____<br>Signature of assistant: _____<br>Today's date: (MM/DD/YYYY) _____  |
| <b>Signature of ballot if not voter</b><br><b>Required only</b> if an eligible relative is making an application on behalf of the voter who is physically disabled or temporarily residing out of the county.  | <b>9</b>  | Signature of requester: _____<br>Relationship to voter: _____<br>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<br>(check one) <input type="checkbox"/> physically disabled or <input type="checkbox"/> temporarily residing out of the county  |
| <b>If you meet one of the described conditions in this section and would like to receive a mail ballot for the rest of the elections cycle without another application, indicate by checking the applicable eligibility requirement.</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<br><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. <b>My current status is (please mark one):</b><br><input type="checkbox"/> MOS - Military Overseas <input type="checkbox"/> OST - Overseas Temporary Resident<br><input type="checkbox"/> MST - Military Stateside <input type="checkbox"/> OSP - Overseas Permanent Resident (federal offices only)<br>Email: (required for UOCAVA voters requesting electronic transmission) _____ |

**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)