

CIVILIAN ABSENTEE BALLOT APPLICATION

PRINT OR TYPE NAME

DATE OF BIRTH

STREET ADDRESS OR RD#

MUNICIPALITY

ZIP CODE

PHONE

I hereby apply for an absentee ballot for the (check one):

- Primary General Municipal School Special
 Other _____ to be held on _____
(specify) (date)

ABSENTEE VOTER OPTIONS (Check any of the following that apply to you)

- A. I am permanently and totally disabled and wish to receive an absentee ballot for all elections to be held during the remainder of the calendar year.
- B. I am not permanently and totally disabled, but wish to vote only by absentee ballot in a general election. If you check off this box, you will automatically be sent an absentee ballot application for any general election until you request otherwise.

Mail my ballot to the following address (if different from above):

STREET ADDRESS

MUNICIPALITY

STATE

ZIP CODE

Sign your name as it appears in poll book

TODAY'S DATE

*Any person providing assistance to voter in completing this application must provide:

NAME (TYPE OR PRINT)

STREET ADDRESS

MUNICIPALITY

STATE

ZIP CODE

SIGNATURE OF ASSISTOR

DATE

***NO CANDIDATE IN THE ELECTION FOR WHICH THE VOTER IS REQUESTING AN ABSENTEE BALLOT CAN BE AN ASSISTOR OR AUTHORIZED MESSENGER.**

ONLY if sick or confined, voter may apply for an absentee ballot by *Authorized Messenger. Messenger shall be a family member or a registered voter of this County.

I designate _____ to be my authorized messenger.
(Name of Messenger)

(Signature of Voter)

Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee. "I do hereby certify that I will deliver the absentee ballot directly to the voter and no other person, under penalty of law".

SIGNATURE OF MESSENGER

STREET ADDRESS

MUNICIPALITY

STATE

ZIP CODE

OFFICE USE ONLY

VOTER NUMBER

PARTY

WARD

DISTRICT

BALLOT No.