

# HOW TO APPLY TO VOTE-BY-MAIL



## APPLICATION FOR OFFICIAL ABSENTEE BALLOT

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

Date of Primary, Election, or Runoff: 11/03/2020

Voter Registration #: leave this blank

**Date of Election:** Write in 11/03/2020.

**Voter Registration #:** If you don't have this information, you can leave this line blank.

<b>Voter name</b>	1	First: _____ Middle: _____ Last: _____ Suffix: _____
<b>Permanent address on file with county election office</b> <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: _____ City: _____ Zip: _____ County: _____
<b>Temporary address where you want ballot sent</b> <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.
<b>Date of birth</b>	4	Date of birth: (MM/DD/YYYY) _____
<b>Type of ballot</b> <b>Required; check one</b>	5	<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan (will not have ANY party candidates listed)
<b>Contact information</b>	6	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: _____
<b>Signature or mark of voter</b> <b>Required if voter fills out this application</b>	7	Signature or mark of voter: _____ Today's date: (MM/DD/YYYY) _____
<b>Signature of person providing assistance</b> <b>Required only if voter is disabled or illiterate and received assistance completing this application</b>	8	Signature of assistant: _____ Today's date: (MM/DD/YYYY) _____
<b>Signature of person requesting ballot if not voter</b> <b>Required only if Section 7 is left blank</b>	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
<b>Eligibility to receive vote by mail ballots for the rest of the election cycle without another application?</b> <b>Optional</b>	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) _____

**Section 1:** Voter's name as it appears on the voter registration.

**Section 2:** Voter's address as it appears on the voter registration.

• Did you move? Update your registration address in Section 3 and check the box to update your registration.

**Section 3:** Leave blank UNLESS you want your ballot mailed to an address that is different than the address in Section 2.

• This address MUST be in a different county than the address in Section 2 UNLESS:

- voter is disabled, or
- voter is detained, or
- voter has checked the box to update the registration address.

**Section 4:** Voter's birthdate.

**Section 5:** Select one option only.

**Section 6:** Include a good phone number and/or email address. If the county has questions about the application, it will contact you with this information.

**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 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)

FORM #ABS-APP-18

Leave this blank

**Sections 7, 8 and 9:** Hand-written signature (at least 1 signature is required!)

- If the **voter** is filling out the application, sign and date Section 7.
- If you **assisted** an **illiterate** or **disabled** voter complete this application, sign and date Section 8. You do NOT have to be related to the voter. The voter shall leave a mark at Section 7.
- If you are **applying on behalf of a relative** who is temporarily living out of the county or is disabled, sign Section 9 and list the relationship.

**Section 10:** Are you eligible to receive vote-by-mail ballots for every election this cycle without needing to reapply each time?

- If you are **65 or older**, **physically disabled**, or **living overseas**, check the appropriate box here in Section 10 and you will automatically receive a ballot by mail for **every election** through January 2021.
- **All other voters** need to **submit an application** for every election in which they want to vote-by-mail in order to receive their vote-by-mail ballot.