

HOW TO FILL OUT AN ABSENTEE BALLOT REQUEST 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: 11/3/20 Voter Registration #: leave this blank

[Download the form.](#)

Date of Election: Write in 11/3/20.

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

Voter name	1	First: _____ Middle: _____ Last: _____ Suffix: _____
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: _____ City: _____ Zip: _____ County: _____
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"/> <small>Click 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.</small>
Date of birth	4	Date of birth: (MM/DD/YYYY) _____
Type of ballot <small>Required in a primary or primary runoff</small>	5	<input type="checkbox"/> Democratic Leave this section blank <input type="checkbox"/> Party candidates listed
Contact information	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: _____
Signature or mark of voter <small>Required if voter fills out this application</small>	7	Signature or mark of voter: _____ Today's date: (MM/DD/YYYY) _____
Signature of person providing assistance <small>Required only if voter is disabled or illiterate and received assistance completing this application</small>	8	Signature of assist _____ Today's date: (MM/DD/YYYY) _____ For Sections 7, 8 and 9 at least one signature is required.
Signature of person requesting ballot if not voter <small>Required only if Section 7 is left blank</small>	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 - U.S. Citizen (required for all voters requesting electronic transmission) <input type="checkbox"/> M - Mailed (required for all voters requesting electronic transmission) <input type="checkbox"/> M - Mailed (required for all voters requesting electronic transmission) Email: (required for all voters requesting electronic transmission) _____ Optional for voters who are over 65, physically disabled, or living abroad. All other leave blank.

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 in Sec. 3 to update the registration address.

Section 4: Voter's birthdate.

Section 5: Required for 8/11/20 primary runoff. Not required for 11/3/20 election or 12/1/20 or 1/5/21 runoffs.

Section 6: Include a good phone number and 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 #: _____

Recd. ID SH _____ **Leave this section blank**

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)

FORM #ABS-APP-18

Sections 7, 8 and 9: Signature can be handwritten or digital. At least one of the following signatures is required:

- If the **voter** is filling out the application, sign and date Section 7. Signature needs to "match" voter signature on file with office.
- 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 absentee ballots for every election this cycle without needing to reapply each time?

- If you are **65 or older**, **physically disabled**, or **living overseas**, indicate so here and you will automatically receive a ballot by mail for every election through January 2021.
- All other voters need to submit this application for every election in which they want to vote by mail.

[Submit your Request.](#)