APPLICATION FOR ABSENTEE BALLOT BY MAIL ONLY IN 2019

(ABS-MAIL)

For Election on 11 / 5 / 2019

State Form 47090 (R26 / 5-19) Indiana Election Division (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-24)

INSTRUCTIONS: Complete and return application so it is received by county election board at least eight (8) days before election day. **DEADLINE: For November 5, 2019 Municipal Election, deadline for county to RECEIVE is OCTOBER 24, 2019 BY 11:59 p.m. CAN BE MAILED, E-MAILED, FAXED, OR HAND-DELIVERED. If you receive this completed application from a voter, you must file the completed application with the county or Indiana Election Division by noon, ten (10) days after receiving it or by the absentee deadline, whichever comes first. You must provide the date you received the completed application in box 5.**

County of residence: MADISON MAIL TO: ELECTIONS, P.O. BOX 1277, ANDERSON, IN. 46015 641-9459

1. INFORMATION OF ABSENTEE BALLOT APPLICANT

Name *(Please print.)*	**Date of birth** *(mm/dd/yy)*	**Last Four Digits of Social Security Number** *(Completing this box is optional.)*
	____/____/____	__ __ __ __ *OR* ☐ I do not have a Social Security Number.

Change of Name *(If you changed your name since you registered to vote, please print your* **FORMER NAME** *to authorize an update to your voter registration:*

Registration Address *(number and street)*	**City/Town, State, ZIP Code**	**Telephone Number** *(Optional)*
		( )

2. ABSENTEE BALLOT MAILING ADDRESS *(Please mail the absentee ballot for the election to me at this address if different from registration address.)*

Mailing Address *(number and street)*	**City/Town, State, ZIP Code**

3. PRIMARY ELECTION ONLY

[redacted]

4. REASON TO VOTE ABSENTEE BALLOT BY MAIL

- ☐ I have a specific, reasonable expectation of being absent from the county on election day during the entire twelve (12) hours that the polls are open.
- ☐ I will be confined to my residence, a health care facility, or a hospital due to illness or injury during the entire twelve (12) hours that the polls are open.
- ☐ I will be caring for an individual confined to a private residence due to illness or injury during the entire twelve (12) hours that the polls are open.
- ☐ I am a voter with disabilities. *NOTE: If you are unable to mark the ballot or sign the ballot security envelope, you must contact the county election board to process your application.*
- ☐ I am a voter at least sixty-five (65) years of age.
- ☐ I will have official election duties outside of my voting precinct.
- ☐ I am scheduled to work at my regular place of employment during the entire twelve (12) hours that the polls are open.
- ☐ I am unable to vote at the polls in person due to observance of a religious discipline or religious holiday during the entire twelve (12) hours the polls are open.
- ☐ I am a voter eligible to vote under the "fail-safe" procedures in IC 3-10-11 or 3-10-12.
- ☐ I am a member of the military or a public safety officer.
- ☐ I am a "serious sex offender" (as defined in IC 35-42-4-14(a)).
- ☐ I am prevented from voting due to the unavailability of transportation to the polls.

Contact your county election board if you wish to vote by absentee ballot in person at the county or before a traveling board; you want your power of attorney to apply for you; or are in Attorney General Confidentiality Program.

I swear *or affirm* under the penalties of perjury that all information set forth on this application is true to the best of my knowledge and belief. Perjury is punishable by imprisonment for up to 2½ years, a fine of up to $10,000, or both.

Signature of voter *(or person designated to sign by a voter with disabilities who is unable to sign)*	**Date signed** *(mm/dd/yy)*
X	____/____/____

NOTE: ***5. IF YOU RECEIVED THIS COMPLETED APPLICATION FROM THE VOTER, PUT THE DATE IT WAS RECEIVED:***

_____ _____, 20_____.

6. INFORMATION OF INDIVIDUAL ASSISTING ABSENTEE BALLOT APPLICANT

Name *(Please print.)*	**Date of birth** *(mm/dd/yy)*	**Telephone Number** *(Day)*	**Telephone Number** *(Evening)*
	____/____/____	( )	( )

Registration Address *(number and street)*	**City/Town, State, ZIP Code**

Mailing Address *(number and street)*	**City/Town, State, ZIP Code**

I swear *or affirm* under penalties of perjury that I am not the employer of this voter, an officer of the voter's union, or an agent of the employer or union of this voter and have no knowledge or reason to believe that the individual submitting the application: (1) is ineligible to vote or to cast an absentee ballot; or (2) did not properly complete and sign the application.

Signature of Person Assisting Voter with Application	**Date signed** *(mm/dd/yy)*
X	____/____/____

FOR OFFICE USE ONLY

Date *(mm/dd/yy)*	Precinct	Is applicant required to provide additional documentation to the county voter registration office but has not yet done so? ☐ Yes ☐ No
____/____/____		