APPLICATION FOR ABSENTEE BALLOT BY TRAVELING BOARD

for Election on 11 / 5 /20 19

(ABS-TRAVELING BOARD)

State Form 55379 (R3 / 10-17); Indiana Election Division (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-25)

FOR COUNTY ELECTION BOARD USE ONLY		
Precinct	ADDITIONAL DOCUMENTATION	Is applicant required to provide additional residence documentation to the county voter registration office but has not yet done so? ☐ Yes ☐ No

INSTRUCTIONS FOR VOTER:

The voter *(or a person designated by a voter with disabilities who is unable to sign)* must SIGN the application below.

If you are applying as the voter's attorney in fact, a copy of the power of attorney must be attached to this application. Some voters who have registered for the first time in Indiana, and did so by mail, are required to provide additional residence documents. The county election board can tell you if this requirement applies to you. Use this application to vote your absentee ballot before a bipartisan traveling board. If you are asking that an absentee ballot be sent to you *by mail*, use form ABS-MAIL. If you are a member of the Attorney General's address confidentiality program, use form ABS-ATTORNEY GENERAL. If you are an overseas voter or uniformed services *(military)* voter, use FPCA (Federal Postcard Application) form.

This form must be received by noon the day before the election and may be hand delivered, mailed, e-mailed, or faxed. If you receive this completed absentee application from a voter, you must file this completed application with the county or Indiana Election Division by noon, 10 days after receiving it or by the absentee deadline, whichever comes first. You must also provide the date you received the completed application in box 3.

1. INFORMATION OF ABSENTEE BALLOT APPLICANT

Name *(please print)*	Date of Birth *(mm/dd/yy)*	Last Four Digits of Social Security Number *(Optional)*
	___/___/___	___ ___ ___ ___ *OR* ☐ I do not have a Social Security Number.
Registration Address *(number and street)*	**City/Town, State, ZIP Code**	**Telephone Number** *(Optional)* ( )
Please have the traveling board visit me at the following address: ***(number and street, City/Town, State, ZIP Code)***		**Telephone Number** *(Optional)* ( )
I qualify to vote by traveling board because *(select at least one)*: ☐ of illness or injury; ☐ of caring for a confined person at a private residence on election day ; OR ☐ I am a voter with disabilities and believe that my polling place is not accessible to me.		*If applicable,* I request that the county election board authorize the traveling board to visit me at this location, which is *outside of the county* where I am registered to vote. ☐ Approved by County Election Board ☐ Denied by County Election Board
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:*		

2. COMPLETE THIS SECTION OF APPLICATION TO VOTE IN PRIMARY

[redacted]

I swear *or affirm* under the penalties of perjury that all of the information set forth on this application is true, to the best of my knowledge and belief.

Signature of voter *(or person designated to sign by a voter with disabilities who is unable to sign)*	Date signed *(month, day, year)*
X	___/___/20__

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

Date Person Received This Application from Applicant: ___/___/20__

4. INFORMATION OF INDIVIDUAL ASSISTING ABSENTEE BALLOT APPLICANT

Name *(please print)*		Date Assistance to Applicant Provided ___/___/20__
Residence Address *(number and street)*	**City/Town, State, ZIP Code**	**Telephone Number** *(Day)* ( )
Mailing Address *(number and street) (If different from residence address)*	**City/Town, State, ZIP Code**	**Telephone Number** *(Evening)* ( )

I swear or affirm under the 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 *(month, day, year)*
	___/___/20__

Penalty for perjury: A person who makes a false, material statement under oath or affirmation, knowing the statement to be false or not believing it to be true commits perjury, a Level 6 felony, punishable by imprisonment for up to 2 ½ years, a fine of up to $10,000, or both.