



APPLICATION FOR ABSENTEE BALLOT BY MAIL ONLY IN 2018 For Election on _____ / _____ / 2018
 State Form 47090 (R22 / 10-17) Indiana Election Division (IC 3-11-4-2; 3-11-4-5; 1; 3-11-10-24)

(ABS-MAIL)

INSTRUCTIONS: Complete and return application so it is received by county election board at least 8 days before election day. **DEADLINES:** For May 8, 2018 Primary Election, deadline for county to RECEIVE is APRIL 30, 2018 BY 11:59 p.m. For November 6, 2018 General Election, deadline for county to RECEIVE is OCTOBER 29, 2018 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, 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:

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) _____
 (_____) _____

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

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

3. PRIMARY ELECTION ONLY

Under state law, you must request a major political party ballot to vote in a primary election. You may vote on a public question without voting a political party ballot, if a referendum (public question) is held on the same day as the primary. I apply for the ballot of the political party, a majority of whose candidates I voted for at the last general election, or whom I intend to vote for in the next general election:

DEMOCRATIC PARTY REPUBLICAN PARTY OR I do not wish to vote in either party's primary but wish to vote on a PUBLIC QUESTION ONLY

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 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 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 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 65 years of age.

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 2 1/2 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) _____

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) _____

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