



APPLICATION FOR ABSENTEE BALLOT BY MAIL ONLY For Election to be held: _____

(ABS-2)

State Form 47090 (R4 / 8-99) INDIANA ELECTION COMMISSION (IC 3-11-4-5.1)

To the county election board:

I, _____, a registered voter at the address below, apply for an absentee ballot to be Voted By Mail Only, because:

- I expect to be out of the county on election day.
- I am confined, or expect to be confined, due to illness or injury until after the election; or I expect to be caring for a confined person at a private residence.
- 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.
- I am scheduled to work at my regular place of employment during the entire 12 hours that the polls are open.

If this application is for a PRIMARY ELECTION check the political party ballot that you are requesting: <input type="checkbox"/> OR Check <input type="checkbox"/> School Board only (this option may not be available in all precincts).	<input type="checkbox"/> DEMOCRATIC	<input type="checkbox"/> REPUBLICAN
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NOTE: If you wish to vote by absentee ballot before a travelling board or in person at the county clerk's office, or if you wish for the person holding a power of attorney to apply for you, contact your county election board.

I affirm under the penalties of perjury that I am a qualified voter who resides in the precinct where I am registered.

Voter's signature: _____

Date of birth: ____/____/____ Daytime Telephone Number: (____) _____

ABSENTEE BALLOT MAILING ADDRESS: Please mail the absentee ballot for the election to me at this address.

REGISTRATION ADDRESS: Fill in **IF** your absentee ballot mailing address is **NOT** the same as your address on the county voter registration records.

FOR OFFICE USE ONLY	
Date (mm-dd-yy):	
Precinct:	