



APPLICATION FOR ABSENTEE BALLOT BY MAIL ONLY

(ABS-2)

For Election to be held: _____, 20_____

State Form 47090 (R6/12-02)
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 expect to be confined, due to illness or injury, or I expect to be caring for a confined person at a private residence, on election day.
- 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 an absent uniformed services voter or an overseas voter.
- I expect to have official election duties outside of my voting precinct.
- 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"/> DEMOCRATIC <input type="checkbox"/> REPUBLICAN OR <input type="checkbox"/> Check School Board Only AND/OR <input type="checkbox"/> Public Question Only <i>(these options may not be available in all precincts).</i>
--

NOTE: If you wish to vote by absentee ballot before a traveling 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: ____/____/____ Telephone Number (Day): (____)_____

Voter Identification Number *(optional)* _____
(Indiana issued driver's license number or state identification card number, OR if voter does not possess driver's license or state ID card, provide last 4 digits of social security number)

REGISTRATION ADDRESS: Fill in your residence address where you are registered.	ABSENTEE BALLOT MAILING ADDRESS: Please mail the absentee ballot for the election to me at this address IF different from Registration Address.
FOR OFFICE USE ONLY	
Date (mm/dd/yy) ____/____/____	
Precinct:	