



APPLICATION FOR ABSENTEE BALLOT

(ABS-1)

For Election to be held: _____, 20_____

State Form 42106 (R10/12-01)
Indiana Election Commission (IC 3-11-4-5.1)

INSTRUCTIONS: The voter (or the voter's power of attorney) must PERSONALLY mark any party ballot to be requested at a primary election and SIGN the application below. If you are applying for as voter or as the voter's attorney in fact, a copy of the power of attorney must be attached. Complete and return this application to your county election board.

Telephone (_____) _____ Fax(_____) _____
WWW. _____

TO THE COUNTY ELECTION BOARD

FOR COUNTY ELECTION BOARD USE
DO NOT WRITE IN THIS SECTION

Name (please print)
Registration Address (Number and Street) Telephone Number (Day)
City/Town, State, Zip Code Telephone Number (Evening)
Date of Birth (mm/dd/yy) Voter Identification Number (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) Township/Ward

MAILING ADDRESS
(If different than registration address)

Mailing Address (Number and Street) Precinct
City/Town Description
City/Town, State, Zip Code Council District

FOR PRIMARY ELECTION ONLY

In Indiana, you must request a major political party ballot to vote in the primary election. However, you may vote for school board offices or on referenda held at the same time as the primary without voting a political party ballot.

I apply for the ballots of the (check one box) [] Democratic Party OR [] Republican Party, a majority of whose candidates I expect to vote for in the general or municipal election; OR [] School Board Offices Only AND/OR [] Public Question Only

FOR GENERAL ELECTION ONLY

I apply for the ballots of [] Entire Ballot OR [] School Board Offices Only AND/OR [] Public Question Only

[] A. Voting by Mail
(Application due by midnight, ____/____/____ except confined, see below*)
Check one:
[] I expect to be absent from the county on election day.
[] I am a voter with disabilities. NOTE: If you are unable to mark the ballot or sign the envelope, you must vote before a traveling board or in the Clerk's office. Go to Box B or C.
[] 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.
[] 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.
(*Application due by ____/____/____ if mailed or faxed: by ____/____/____ if hand delivered)

[] B. Voting in the Clerk's Office
(in Lake and Tippecanoe Counties, the Election Board Office)
(Voting closes ____/____/____, at noon)
Check one:
[] I expect to be absent from 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.
[] 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.

[] C. Voting by Traveling Board
(Application due by ____/____/____ if hand delivered; by ____/____/____ if mailed or faxed)
[] 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 and believe my polling place is not accessible to me.
VOTE ME AT THE FOLLOWING ADDRESS:

I request that the county election board authorize the traveling board to visit me outside the county at the place listed above.
[] Approved [] Denied

I affirm under the penalties of perjury:
1. I will have been a resident of the above precinct for thirty (30) days before the election or I am authorized to vote an absentee ballot in the precinct where I formerly resided under IC 3-10-10, IC 3-10-11, or IC 3-10-12;
2. I am a registered and qualified voter in the precinct; and
3. I reside at the address listed in the residence address section above.

Signature of voter Date signed (month, day, year)
_____/_____/_____

