



APPLICATION FOR ABSENTEE BALLOT BY MAIL ONLY IN 2020

(ABS-MAIL)

For Election on _____ / _____ / 2020

State Form 47090 (R30 / 8-20) Indiana Election Division (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-24)

INSTRUCTIONS: Complete and return application so it is received by county election board at least twelve (12) days before election day. **DEADLINE: For the June 2, 2020 Primary Election, deadline for county to RECEIVE is May 21, 2020 BY 11:59 p.m. (local prevailing time). For November 3, 2020 General Election, deadline for county to RECEIVE is OCTOBER 22, 2020 BY 11:59 p.m. (local prevailing time). THIS APPLICATION 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, ten (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 <input type="checkbox"/> I do not have a Social Security Number.
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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) ()
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2. ABSENTEE BALLOT MAILING ADDRESS (Please mail the absentee ballot for the election to me at this address if different from registration address.)

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

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| <input type="checkbox"/> I have a specific, reasonable expectation of being absent from the county on election day during the entire twelve (12) hours that the polls are open.
<input type="checkbox"/> I will be confined to my residence, a health care facility, or a hospital due to illness or injury during the entire twelve (12) hours that the polls are open.
<input type="checkbox"/> I will be caring for an individual confined to a private residence due to illness or injury during the entire twelve (12) hours that the polls are open.
<input type="checkbox"/> I am a voter with disabilities. <i>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>
<input type="checkbox"/> I am a voter at least sixty-five (65) years of age. | <input type="checkbox"/> I will have official election duties outside of my voting precinct.
<input type="checkbox"/> I am scheduled to work at my regular place of employment during the entire twelve (12) hours that the polls are open.
<input type="checkbox"/> I am unable to vote at the polls in person due to observance of a religious discipline or religious holiday during the entire twelve (12) hours the polls are open.
<input type="checkbox"/> I am a voter eligible to vote under the "fail-safe" procedures in IC 3-10-11 or 3-10-12.
<input type="checkbox"/> I am a member of the military or a public safety officer.
<input type="checkbox"/> I am a "serious sex offender" (as defined in IC 35-42-4-14(a)).
<input type="checkbox"/> I am prevented from voting due to the unavailability of transportation to the polls. |
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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 2½ 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) X	Date signed (mm/dd/yy) ____/____/____
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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) ()
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Registration Address (number and street)	City/Town, State, ZIP Code
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Mailing Address (number and street)	City/Town, State, ZIP Code
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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 X	Date signed (mm/dd/yy) ____/____/____
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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