Complete, Print, Sign, and Mail

# ABSENTEE/MAIL BALLOT APPLICATION

SECRETARY OF STATE

SFN 51468 (08-2015)

**For Office Use Only**

**Precinct Part**

_____

For reference, see North Dakota Century Code, Chapter 16.1-07.

Application must be for at least one of the following elections:

☐ June (Primary) Election

☐ November (General) Election

**OR**

☐ All Statewide Elections (only check if ballot delivery address will be the same for all elections)

☐ City Election

☐ School Election

☐ Special Election

**Applicant Information: (ALL FIELDS REQUIRED)**

| Voter's Name | Date of Birth | Daytime Telephone Number |
|---|---|---|
| | | |

North Dakota ID Type Used: (check one)

☐ Driver's License ☐ Non-driver's ID ☐ Long Term Care Certificate (include with application) ☐ Tribal ID

☐ Passport or Military ID (only for voters outside the United States) ☐ Applicant Without ID*

**ID Number (required only if driver's license, non-driver's ID, tribal ID, passport or military ID is selected above)**

| Residential Address | City | State | ZIP Code |
|---|---|---|---|
| | | | |
| **Ballot Delivery Address (if different from residential address)** | **City** | **State** | **ZIP Code** |
| | | | |

I do solemnly affirm that I have resided or will reside in the precinct, where my residential voting address is located, for at least thirty days next preceding the election and will be a qualified elector of the precinct.

| **Signature (required)** | Date |
|---|---|
| | |

**Applicant Unable to Sign:**

If the applicant is unable to sign the applicant's name, the applicant shall mark [X] or use the applicant's signature stamp on the application in the presence of a disinterested individual. The disinterested individual shall print the name of the individual marking the "X" or using the signature stamp below the "X" or signature and shall sign the disinterested individual's own name following the printed name together with the notation "witness to the mark."

| ☐ Voter's Mark | Printed Name of Person Making Mark or Voter's Signature Stamp |
|---|---|
| | Signature of "Witness to the Mark" |

***Applicant Without ID:**

If the applicant does not possess or cannot secure an approved form of identification due to a disability with which the individual lives and which prevents the individual from traveling to obtain, another qualified elector of the state may attest that the applicant is a qualified elector of that precinct by signing below and providing his or her approved North Dakota identification number. **NOTE:** A qualified elector may not attest the qualifications of more than four applicants in an election.

| Printed Name of Attester | | Driver's / Non-driver's / Tribal ID Number |
|---|---|---|
| | | |
| **Signature of Attester** | **Date** | **Daytime Telephone Number** |
| | | |

**Active Military and Overseas Voter:**

Check **ONE** (if applicable):

☐ Citizen living outside of the United States

☐ Uniformed service or family member living away from the voter's residence, yet **within** the United States

☐ Uniformed service or family member living away from the voter's residence, yet **outside** the United States

If one of the check boxes above applies to you, please indicate your preferred ballot delivery method:

☐ Mail ☐ Email (provide email address): _____ ☐ Fax (provide fax number): _____

**Mail or Submit to the Auditor of Your County of Residence or Appropriate Election Officer**