

Complete and return to:

Application for Absent Voter's Ballot

Approved by _____

VOTERS NAME AND ADDRESS

Check reason(s) why you are requesting ballot. If a reason is not checked for an election, an absentee ballot will not be issued for that election.

WARNING: A person who makes a false statement in this Declaration is guilty of a misdemeanor.

CHECK HERE

Are you a United States Citizen? Yes No

CHECK REASON FOR REQUESTING AV BALLOT HERE



- I am 60 years of age or older.
- I expect to be absent from the community in which I am registered for the entire time the polls are open on election day.
- I am physically unable to attend the polls without the assistance of another.
- I cannot attend the polls because of the tenets of my religion.
- I have been appointed an election precinct inspector in a precinct other than the precinct where I reside.
- I cannot attend the polls because I am confined to jail awaiting arraignment or trial.

SIGN HERE



X

I declare the foregoing statement(s) to be true

_____ (SIGNATURE OF ABSENT VOTER)

_____/_____/_____ (DATE)

NOTE: Michigan law requires that A.V. Ballots be sent to your registered address unless you are hospitalized, institutionalized, or at an address outside of your community. Complete the following ONLY if you want your ballot sent to an address outside of your community or to a hospital or other institution.

SEND ELECTION BALLOT TO:

(NO.) (STREET)

(CITY) (STATE) (ZIP)

(Clerk's Use Only)

Filed: ____/____/____ Mailed: ____/____/____ Returned: ____/____/____

Wd/Pct: _____ Ballot No: _____ Clerk: _____

(DO NOT DETACH)

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS AND WARNINGS

WARD/
PRECINCT



Application to Vote - Poll List (Absent Voter)



DATE OF
ELECTION

**VOTER MUST
SELECT
A BALLOT TYPE**
If voter does not select a
ballot type, a ballot will
NOT be issued!

Please select Ballot Type
in box to the left.



I hereby certify that I am a registered and qualified elector in the ward and precinct above and hereby make application to vote at the above indicated election.

ELECTION INSPECTOR COMPLETES	SELECT BALLOT TYPE HERE I hereby request the ballot type marked below for this election. (You must select one ballot type below. If you do not select a ballot type, a ballot will not be issued to you.) SELECT ONLY ONE BALLOT TYPE: <input type="checkbox"/> Republican Party Presidential Primary Ballot <input type="checkbox"/> Democratic Party Presidential Primary Ballot <input type="checkbox"/> Ballot without Presidential Primary (if available). Note: This ballot choice is for voters not voting in the presidential primary who wish to vote on	PRINT NAME: _____
<input type="checkbox"/> AFFIDAVIT ON REVERSE COMPLETED		RESIDENCE ADDRESS _____
ELEC. INSP. INITIAL		DATE OF BIRTH: _____
BALLOT NO.		SIGN HERE X
BALLOT TYPE		
VOTER NO.		

INSTRUCTIONS TO ELECTION INSPECTORS
Please fill in binder with other Applications to Vote