

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)



State Absentee Ballot Request Form

North Carolina

TO: Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name		First Name		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.)				Mailing Address (If different than home address.)		
City	State	Zip Code	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: _____			Voter Registration No.	Phone (optional)	Email (optional)	
SSN X X X - X X - _____						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot.				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.