



### Application for Absentee Ballot

Including Absentee List Request, Election Specific Absentee Ballot Request, Request for Absentee Ballot Due to Illness or Health Emergency or to be removed from receiving an Absentee Ballot.

Fields marked with an asterisk (\*) are required fields.

Please type or use black or blue pen only and print clearly. COMPLETE FORM AND SUBMIT TO COUNTY ELECTION OFFICE BY NOON THE DAY BEFORE ELECTION DAY

#### APPLICANT IDENTIFYING AND CONTACT INFORMATION

Last Name\*  First Name\*  Middle Name (Optional)

Birthdate\* (MM/DD/YYYY)  Phone Number (Optional)  Email Address (Optional)

County where you reside and are registered to vote\*  Montana Residence Address\*  City\*  Zip Code\*

Mailing Address (required if differs from residence address\*)  City and State  Zip Code

Check if the mailing address listed above is for part of the year only and if so, complete the information below (for absentee ballot list only).  
Clearly print the complete mailing address(es) and specify the applicable time periods for address (add more addresses as necessary).

Seasonal Mailing Address (Optional)  City and State  Zip Code  Period (mm/dd/yyyy-mm/dd/yyyy)

#### BALLOT REQUEST OPTIONS AND VOTER AFFIRMATION

Yes, I request an absentee ballot to be mailed to me for ALL elections in which I am eligible to vote as long as I reside at the address listed on this application. I understand that if I file a change of address with the U.S. postal service, I must complete, sign, and return a confirmation notice mailed to me by the county election office;

OR

I hereby request an absentee ballot for the upcoming election (check only one):  
 Primary  General  Municipal  Other \_\_\_\_\_ election to be held on \_\_\_\_\_

By signing below, I understand that I am officially requesting an absentee ballot and affirm that I will have met the 30-day Montana residency requirement before voting my absentee ballot. (Also sign affidavit at bottom of page if requesting due to illness or health emergency.)

\_\_\_\_\_  
\*Signature of Elector \*Date Signed

#### Optional – Voter Information Pamphlet Request (An electronic version of this pamphlet can be found at [sosmt.gov/elections](http://sosmt.gov/elections).)

Please send current Voter Information Pamphlet, if applicable to this election

#### Optional – Designate another person to pick up your absentee ballot

I, the elector who signed below, hereby designate \_\_\_\_\_ to pick up my absentee ballot.

Receipt of absentee ballot by designee: I received the absentee ballot for the applicant on \_\_\_\_\_  
Date ballot received

Signature of Designee  Signature of Elector  Date Signed

#### Optional – Revert to Non-Absentee Voter (This would revert you to only voting at your local polling place.)

Please check this box to affirm that you do NOT want to receive an absentee ballot and instead want to vote at your local polling place on election day.

#### Optional – Affidavit of elector (due to illness or health emergency)

Optional: I hereby declare that I am prevented from voting at the polls due to illness or health emergency occurring between 5:00 p.m. on the Friday preceding the election and 8 p.m. on election day.

Signature of Elector  Date Signed

Updated September 10, 2019

**PLEASE FILL OUT ENTIRELY AND PLACE A STAMP ON THE OPPOSITE SIDE.**

THE PATRIOTS FOUNDATION  
4020 121ST STREET  
URBANDALE, IA 50323

**VOTE BY MAIL**  
**IT'S FAST, EASY, AND SAFE!**

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T 59107-1984  
\*\*\*\*\*AUTO\*\*5-DIGIT 59103

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