

**ABSENTEE BALLOT APPLICATION FOR MILITARY AND OVERSEAS VOTERS****(ABS-15)****For Election to be held:** _____, 20____

State Form 51623 (R7 / 8-14);

Indiana Election Commission (IC 3-11-4-4 and 3-11-4-5.1)

INSTRUCTIONS: This application is for an absent uniformed services voter or an overseas voter. The voter (*or the voter's power of attorney*) must SIGN the application below. If you are applying for a voter as the voter's attorney in fact, a copy of the power of attorney must be attached. You can return this application by U.S. mail, e-mail, or fax. Complete and return this application to your county election board, so that the application is received: (1) at least 8 days before the election if returning by mail; or (2) by noon of the day before election day if requesting to vote by e-mail or fax. If approved, this application is valid until December 31 following the application submission date.

Return by mail to county election board at this address: (*Voter is not required to complete; address information may be preprinted by county.*)

_____, or, County E-mail: _____

_____, County Fax Number: _____

_____, County Telephone Number: _____

Application due by: ____/____/20____ (*Voter is not required to complete; due date may be preprinted by county election board.*)**1. APPLICANT'S MILITARY / OVERSEAS STATUS (Mark only one.)**

- ☐ (a) I am a member of the uniformed services or merchant marine on active duty, or ☐ an eligible spouse or dependent currently residing in the U.S.
- ☐ (b) I am a member of the uniformed services or merchant marine on active duty, or an eligible spouse or dependent currently residing overseas
- ☐ (c) I am an activated National Guard member on State Orders.
- ☐ (d) I am a U.S. citizen residing outside the U.S. and I intend to return.
- ☐ (e) I am a U.S. citizen residing outside the U.S. and my return is not certain.

**FOR COUNTY ELECTION BOARD USE
DO NOT WRITE IN THIS SECTION**

Township/Ward

Precinct

City/Town Description

Council District

2. APPLICANT INFORMATION FOR COUNTY ELECTION BOARDName of Voter (*Please Print*)Registration Address of Voter (*Number and Street*)

City/Town, State, ZIP Code

Date of Birth (*mm/dd/yyyy*)

Last Four Digits of Social Security Number: ____ _

NOTE: Voter's Compliance with this request is OPTIONAL.☐ I do not have a Social Security Number.Application ☐ Approved ☐ DeniedDate Application Expires (*December 31 of year in which application was submitted*)

12 /31/20____

If application is denied, reason for denial:

3. HOW APPLICANT WISHES TO RECEIVE BALLOT; WHERE APPLICANT WISHES BALLOT TO BE SENTI prefer to receive my absentee ballot by: ☐ U.S. MAIL ☐ E-MAIL ☐ FAX

NOTE: If you vote by e-mail or fax, you will be required to sign a statement on the cover sheet (Form ABS-9) acknowledging that you are voluntarily waiving your right to a secret ballot. The ABS-9 cover sheet must be returned with your e-mailed or faxed ballot. A voted absentee ballot sent by email or fax must be transmitted to the county election board.

Mailing Address (*Number and Street*)

E-mail Address

City/Town, State, ZIP Code

FAX (*Include all international prefixes*)

Country

Telephone

4. FOR PRIMARY ELECTION ONLY (Complete IF you wish to receive an absentee ballot in a primary election.)**In Indiana, you must request a major political party ballot to vote in the primary election.**

However, you may vote on a public question without voting a political party ballot, if a referendum is held at the same time as the primary.

I apply for the ballots of the (*check one box*) ☐ Democratic Party OR ☐ Republican Party, a majority of whose candidates I expect to vote for in the general election;OR ☐ Public Question Only**5. AFFIRMATION OF APPLICANT**

I swear or affirm under the penalties of perjury that I am:

1. A member of the Uniformed Services or merchant marine on active duty; or an eligible spouse or dependent of such a member; a National Guard member on State orders or, A U.S. citizen residing outside the U.S. and I intend to return.; or Other U.S. citizen residing outside the U.S. and my return is not certain; and

2. I am a U.S. citizen, at least 18 years of age (or will be by the date of the election), and I am eligible to vote in the requested jurisdiction; and

3. I have not been convicted of a felony and imprisoned following conviction, or other disqualifying offense, or, if so, my voting rights have been reinstated; and

4. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., except the jurisdiction cited in this voting form.

In voting, I have marked and sealed my ballot in private and have not allowed any person to observe the marking of the ballot, except for those authorized to assist voters under State or Federal law. I have not been coerced or improperly influenced in any manner prohibited by law. My signature and date below indicated when I completed this document.

The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for a conviction for perjury.

Signature of voter:

Date signed (*mm/dd/yy*)

_____/_____/_____