



ABSENTEE/MAIL BALLOT APPLICATION
(Temporary)
 SECRETARY OF STATE
 SFN 61107 (08-2016)

For Office Use Only

Precinct Part

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

Applicant Information: (ALL FIELDS REQUIRED)

Voter's name		Date of birth	Daytime telephone number	
Election for which this application is to be used (check all that apply)				
<input type="checkbox"/> All statewide elections		<input type="checkbox"/> School election		<input type="checkbox"/> Special election
North Dakota ID type used: (check one)				
<input type="checkbox"/> Current driver's license		<input type="checkbox"/> Current non-driver's ID		<input type="checkbox"/> Tribal ID
<input type="checkbox"/> Applicant without ID*		<input type="checkbox"/> Passport or military ID**		<input type="checkbox"/> Long-term care certificate (include with application)
<input type="checkbox"/> Voter's affidavit (must complete and submit page 2)				
ID number (required only if driver's license, non-driver's ID, tribal ID, passport, or military ID is selected above)				
Residential address	Apt. #	City	State	ZIP code
Ballot delivery address (if different from residential address)	Apt. #	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 30 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 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."

<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p style="font-size: 1.2em; margin-top: 5px;">Voter's Mark</p>	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 applications 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

Voter's Affidavit

For Election Official Use Only	
County _____	
Precinct _____	
Election Official Signature _____	

I understand that by completing and signing this affidavit:

- I declare I am a qualified elector (North Dakota Century Code (N.D.C.C.), Section 16.1-01-04), which means:
 - I am a citizen of the United States;
 - I am at least 18 years of age;
 - I am a North Dakota resident; and
 - I have resided in the voting precinct in which I am about to vote for at least 30 days immediately preceding the date of this election.
- Residence, defined in N.D.C.C., Section 54-01-26, is determined by the following rules, among others: it is the place where one remains when not called elsewhere for work or other temporary purposes; there can be only one; it cannot be lost until another is gained; it can be changed only by union of act and intent.
- The county auditor will send a notice to me within 14 days after the election. It is important that I respond to that notice. If proof of my eligibility to vote is not determined, the county auditor will notify the state's attorney who will assist in the investigation of my eligibility to vote in that election.
- If I falsely swear (or affirm) to the information on this affidavit in order to vote, I am committing an election offense, which is a class A misdemeanor pursuant to N.D.C.C., Section 16.1-01-12.
- A class A misdemeanor carries a maximum penalty of one year's imprisonment, a fine of \$3,000, or both, pursuant to N.D.C.C., Section 12.1-32-01(5).

Please print. All fields **must** be completed. If not applicable, enter "n/a."

Full legal name		Date of birth	Daytime telephone number	
Current residential address	Apt. #	City	State	ZIP code
Current mailing address (if different from residential address)	Apt. #	City	State	ZIP code
Residential address where you last voted (if different from current address)	Apt. #	City	State	ZIP code
Most recent previous residential address	Apt. #	City	State	ZIP code
If your name has changed, for any reason, since you last voted, please enter your previous full legal name(s)				
Identification number and state of any state-issued identification regardless of the state where issued (if available)				

I do solemnly swear and affirm that I am a qualified elector of this voting precinct and as such: I am 18 years of age; I am a citizen of the United States; I have been a resident of this precinct for 30 days immediately preceding this election; and I have not already voted in this election.

Signature (required)	Date
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	Signature of "witness to the mark"