

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.

1
Check

SELECT BALLOT TYPE BELOW (REQUIRED) IF YOU DO NOT SELECT A BALLOT TYPE, A BALLOT WILL NOT BE ISSUED TO YOU.

- REPUBLICAN PARTY** Presidential Primary Ballot
- DEMOCRATIC PARTY** Presidential Primary Ballot

2
Check

CHECK REASON FOR REQUESTING AN ABSENT VOTER BALLOT BELOW (REQUIRED)

- 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.

3
Sign

I certify that I am a **United States citizen** and that the statements in this Absent Voter Ballot application are true.

VOTER SIGN HERE  _____
Signature _____ Date ____/____/____

RETURN THIS APPLICATION TO YOUR LOCAL CLERK.
FIND YOUR CLERK AT MI.GOV/VOTE.

4
Complete

Contact Information for Questions

Phone (____) _____

Email _____

COMPLETE ONLY IF YOU WANT YOUR BALLOT SENT TO A TEMPORARY ADDRESS (PLEASE PRINT)

Date Leaving For Temporary Address ____/____/____

Temporary Address _____

City _____ State _____ Zip _____

(Clerk's Use Only)

Wd/Pct: _____ Mailed: ____/____/____ Returned: ____/____/____

Filed: ____/____/____ Ballot No: _____ Clerk: _____

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. **Absentee ballots will not be forwarded by USPS.**

**WARD/
PRECINCT**

**DATE OF
ELECTION**

____/____/____
Date of Birth (Month/Day/Year)

Please Print Full Name

Registered Home Address of Absent Voter

I certify that I am a United States citizen and a registered and qualified elector in this precinct, and hereby make application to vote at this election.

SIGN HERE  _____
SIGNATURE OF VOTER

Ballot No.: _____
Voter No.: _____
(Poll Book)

Approved - _____
(Inspector of Election)