

ABSENTEE APPLICATION

This application is issued for absentee ballot(s) to be voted in the (Primary) (General) (Special) Election to be held in _____ County, North Carolina on _____.

APPLICATION NO.: _____ ISSUED TO: _____ POLITICAL PARTY: _____

BALLOT STYLE : _____ VOTER REG. NO. : _____

Any person who falsifies this application is subject to a fine, imprisonment, or both.

I, _____, residing at _____ certify that I am a duly qualified voter in Precinct _____ in _____ County, registered as an affiliate of the political party indicated above, and that I am entitled to vote in this election. I am making application to vote my absentee ballot(s) for the reason indicated below: (Check one box)

If I am an Unaffiliated voter voting in a Primary election, I am voting in the _____ Party Primary. If no party is indicated here, I am not voting in a Party Primary.

- MILITARY NO-EXCUSE OVERSEAS SICKNESS OR DISABILITY OF VOTER APPLYING AFTER 5:00 PM ON THE TUESDAY BEFORE THE ELECTION, BUT NOT LATER THAN 5:00 PM ON THE DAY BEFORE THE ELECTION.

I further certify that I am making application to vote my absentee ballot(s) in the office of the _____ County Board of Elections for the reason indicated above, or that I will return the ballots by mail, or will deliver them in person, or have them delivered by a near relative to the Chairman of the Board of Elections of the county of my residence prior to 5:00 pm on the day before the election.

This is the _____ day of _____.

SIGNATURE OF VOTER (UNLESS APPLICATION MADE BY NEAR RELATIVE) ADDRESS TO WHICH BALLOTS ARE TO BE MAILED

VOTER MAY ALSO COMPLETE APPLICATION FOR SECOND PRIMARY (OR RUNOFF) AND WILL AUTOMATICALLY BE ISSUED ABSENTEE BALLOT(S) IF A SECOND PRIMARY (OR RUNOFF) IS CALLED.

Pursuant to G.S. 163-227.1, the undersigned applicant hereby makes application for absentee ballot(s) for the Second Primary (or Runoff) which, if called, will be held on the _____ day of _____.

SIGNATURE OF VOTER (UNLESS APPLICATION MADE BY NEAR RELATIVE) ADDRESS TO WHICH BALLOTS ARE TO BE MAILED

COMPLETE ONLY IF APPLICATION IS MADE BY A NEAR RELATIVE OR VERIFIABLE LEGAL GUARDIAN.

I, _____ certify that I have the following relationship to the above named voter: (Check one box)

- SPOUSE STEPPARENT BROTHER GRANDPARENT MOTHER-IN-LAW STEPCHILD PARENT CHILD SISTER GRANDCHILD FATHER-IN-LAW SON-IN-LAW VERIFIABLE LEGAL GUARDIAN DAUGHTER-IN-LAW

I hereby make application for the above named voter and verify that I am aware that it is unlawful for any person to swear falsely with respect to any matter pertaining to any primary or election; for any person falsely to make or present any certificate or other paper to qualify any person fraudulently as a voter, or to attempt thereby to secure to any person the privilege of voting.

SIGNATURE OF NEAR RELATIVE OR LEGAL GUARDIAN ADDRESS OF NEAR RELATIVE OR LEGAL GUARDIAN

WITNESS

SIGNATURE OF WITNESS ADDRESS OF WITNESS

BOARD APPROVAL DATE