2020 STATE ABSENTEE BALLOT REQUEST FORM - INSTRUCTIONS

To request an absentee ballot, a registered voter or voter's near relative or verifiable legal guardian must complete and sign this form. If you are not registered to vote in your county of residence, you must register to vote no later than 25 days prior to the date of the election. You can submit a voter registration form with this request. Prior to completing the form, review the instructions below. Do not include a copy of your photo ID with this request. You will be asked to return a copy of your ID with your voted ballot, with exceptions. Visit ncsbe.gov/voter-ID for additional information.

1 Voter Information

- Provide your full legal name.
- Provide your date of birth.
- Provide one of the following:
  - North Carolina driver license number or non-operator identification card number; or
  - last four digits of your Social Security number
- Provide your current residential address. (Your North Carolina residential address is required so you get the correct ballot.)

Note: This form will be used to update the above information if it is different from your voter record.

2 Absentee Voting Information

- Indicate the election you are requesting an absentee ballot for and the address where you would like your ballot mailed. Also, indicate if you would like to request absentee ballots for all elections held during this calendar year in which you are eligible to vote due to continued or expected illness or disability.
- **Partisan Primary Requests:** If you are requesting a by-mail ballot for a partisan primary and you are not affiliated with a political party, provide your primary ballot preference. You may select a ballot of one of the recognized political parties that allow unaffiliated voters to participate in their primary or a nonpartisan ballot style. In a given primary, not all ballot choices may be available. Contact your county board of elections to determine available ballot options.

Information on Who Can Assist You in Completing this Request Form

- **All voters:** All voters are entitled to assistance from their near relative or verifiable legal guardian. If you are a near relative or verifiable legal guardian requesting an absentee ballot on behalf of the voter, you must list your name and address. A *near relative* is defined as the voter's:

spouse	parent	grandchild	daughter-in-law	stepchild
brother	grandparent	mother-in-law	son-in-law	
sister	child	father-in-law	stepparent	

- **Voters Who Are Blind, Disabled, or Unable to Read or Write:** If a voter needs assistance in completing the written request form due to blindness, disability, or inability to read or write and there is not a near relative or legal guardian available to assist that voter, the voter may request some other person give assistance. If another person assists in completing the written request form, that person's name and address must be listed on this form.
- **Voters Who Are Patients in any Hospital, Clinic, Nursing Home, or Rest Home ("Facility"):** If a registered voter is a patient in a Facility in North Carolina, a member of a Multipartisan Assistance Team (MAT) authorized by the county board of elections can assist the voter in completing the request form. Please contact the county board of elections to request assistance from a MAT. It is unlawful for any owner, manager, director, or employee of the Facility OTHER than the voter's near relative, verifiable legal guardian, or member of a MAT to request an absentee ballot on behalf of the voter. If neither the voter's near relative nor verifiable legal guardian is available, and a MAT is not available within seven calendar days of a telephonic request for assistance, the voter may obtain assistance from anyone who is not (1) an owner, manager, director, or employee of the Facility; (2) an elected official; (3) a candidate; or (4) an officeholder in a political party or a campaign manager or treasurer for a candidate or political party.

3 Military & Overseas Requests

Complete this section if you are requesting an absentee ballot because you are uniformed services personnel or a dependent or spouse of uniformed services personnel **and** you are absent from your North Carolina county of residence due to military service. You are also eligible to complete this section if you are a civilian and can claim North Carolina as your state of residence and you are currently outside of the United States.

4 How to return this form

This form must be signed by either the voter or the voter's near relative/legal guardian. Absentee request forms may only be returned by the voter, the voter's near relative or verifiable legal guardian or a MAT. The form must be delivered in person or by the U.S. Postal Service or other designated delivery service (DHL, FedEx, or UPS) to the voter's county board of elections. Forms may not be faxed or emailed. **A completed absentee request form must be received by the county board of elections not later than 5:00 P.M. on the Tuesday before the election.**

2020 STATE ABSENTEE BALLOT REQUEST FORM

(Read the instructions before completing this form. Items in red are required.)

SBOE 2019.12

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

1 Voter Information

Last Name | First Name | Middle Name | Suffix | Date of Birth / /

Previous Last Name | Previous First Name | Previous Middle Name

NC DL or ID Number OR Last Four Digits of Social Security number

Current NC Residential Street Address

City | State | Zip Code | County

Have you lived at this address for 30 or more days? Yes ☐ No ☐

If "**No**", date moved? / /

Provide your mailing address if you do not receive mail at your residential address.

2 Absentee Voting Information

Select the date of the election event for which a by-mail absentee ballot is being requested. You may only select one election event per request form.

Election Date (select one) ☐ 3/3/2020 ☐ 11/3/2020

Absentee Mailing Address (where you would like your ballot sent)

Mailing City | State | Zip Code

☐ Check if you would like to request absentee ballots for all 2020 elections in which you are eligible to vote due to continued or expected illness or disability.

If you are requesting an absentee ballot for a partisan primary, and you are not affiliated with a political party (*Unaffiliated*), select a primary ballot preference.

☐ Democratic
☐ Republican
☐ Libertarian
☐ Nonpartisan

Near Relative or Legal Guardian Request: If you are requesting an absentee ballot on behalf of a near relative or for someone for whom you are the legal guardian, provide your name, relationship to the voter (see instructions), address and contact information.

Near Relative or Legal Guardian's Name | Your Relationship to Voter

Address | City | State | Zip Code

Please provide your email address or a telephone number in case we have a question concerning this request.

Voter Assistance: If the voter received assistance completing this form due to blindness, disability, or inability to read or write and no near relative or legal guardian of the voter was available, list the name and address of the person assisting the voter with completing this form.

Voter Assistant's Name

Address | City | State | Zip Code

If voter is a patient in a hospital, clinic, nursing home or rest home, does voter need assistance with voting and returning the ballot? Yes ☐ No ☐

If **Yes**, what is the name and address of the hospital or facility? _____

3 Military & Overseas

Are you an absentee military or overseas voter? If so, select the best option below that describes your absentee status:

☐ Member of the Uniformed Services or Merchant Marine on active duty or eligible spouse/dependent and currently absent from county of residence

☐ U.S. citizen outside the United States

Provide the address where you are currently stationed or living overseas.

Send your ballot by mail? (provide address)

Send your ballot by email? (provide email address)

Send your ballot by fax? (provide #)

4

Voter's Signature

X _____ Date

Near Relative or Legal Guardian Signature (if applicable)

X _____ Date