Absent Voter Ballot Application

Approved by_____

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 Reason

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.

2 Sign/ Date

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

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

RETURN THIS APPLICATION TO YOUR LOCAL CLERK.

FIND YOUR CLERK AT MI.GOV/VOTE.

WARNING: You must be a **United States citizen** to vote. If you are not a United States citizen, you will not be issued an absent voter ballot. A person making a false statement in this absent voter ballot application is guilty of a misdemeanor. It is a violation of Michigan election law for a person other than those listed in the instructions to return, offer to return, agree to return, or solicit to return your absent voter ballot application to the clerk. An assistant authorized by the clerk who receives absent voter ballot applications at a location other than the clerk's office must have credentials signed by the clerk. Ask to see his or her credentials before entrusting your application with a person claiming to have the clerk's authorization to return your application.

3 Complete

Contact Information for Questions	COMPLETE ONLY IF YOU WANT YOUR BALLOT SENT TO A TEMPORARY ADDRESS (PLEASE PRINT)
Phone ( ) _____	Date Leaving For Temporary Address	Temporary Address _____
Email _____	____/____/____	City _____ State _____ Zip _____

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.

CLERK'S USE ONLY

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

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

(DO NOT DETACH)   PRINTING SYSTEMS • TAYLOR, MI • (800) 95-12345 • **FORM #575** (10/15)   **SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS**

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 ➡ X _____
SIGNATURE OF VOTER

Ballot No.: _____

Voter No.: _____
(Poll Book)

Approved – _____
(Inspector of Election)

INSTRUCTIONS TO ELECTION INSPECTORS – Place this in binder with other Applications to Vote