



**ABSENT VOTER'S BALLOT APPLICATION**  
 SECRETARY OF STATE  
 SFN 51468 (11-09)

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

**Application must be for at least one of the following elections: (check all that apply)**

- State Primary Election**       **Special Election**  
 **City Election**                       **School Election**      **OR**       **All Elections within the Year**  
 **State General Election**

**Residential Address:**

|                                                                                                                                                                                                                                                                                                                                                                                         |  |                          |         |                                 |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|---------|---------------------------------|-----------|
| Voter Name:                                                                                                                                                                                                                                                                                                                                                                             |  | Driver's License Number: |         | Date of Birth:                  |           |
| Residential Address of Voter:                                                                                                                                                                                                                                                                                                                                                           |  | City:                    | County: | State:                          | Zip Code: |
| Check <b>ONE</b> : (if applicable)<br><input type="checkbox"/> Uniformed service or family member living away from the voter's residence (but within the United States)<br><input type="checkbox"/> Uniformed service or family member living away from the voter's residence (but outside the United States)<br><input type="checkbox"/> a citizen living outside of the United States |  |                          |         | Fax Number: (if applicable)     |           |
|                                                                                                                                                                                                                                                                                                                                                                                         |  |                          |         | E-mail Address: (if applicable) |           |

**Ballot Delivery Address (if different than your voting address above):**

|                                   |                                   |         |        |           |
|-----------------------------------|-----------------------------------|---------|--------|-----------|
| Ballot Delivery Address of Voter: | City:                             | County: | State: | Zip Code: |
|                                   | Home or Daytime Telephone Number: |         |        |           |

I do solemnly affirm that I have resided in the precinct, where my residential voting address is located, for at least thirty days next preceding the election.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

If the absentee voter is unable to sign his or her name, the voter shall place his or her mark (X) in the box below in the presence of a disinterested person. On the line below the box, the disinterested person shall print the name of the person making the mark. Then, on the following line, the disinterested person shall sign his or her own name as the witness to the mark.



Mark

\_\_\_\_\_  
 Printed name of person making mark

\_\_\_\_\_  
 Signature of "witness to the mark"

**Mail or Submit to the Auditor of your County of Residence or Appropriate Election Official**