



**APPLICATION FOR ABSENTEE BALLOT BY MAIL ONLY** For Election on \_\_\_\_/\_\_\_\_/\_\_\_\_  
 State Form 47090 (R7/9-07) Indiana Election Commission (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-24)

(ABS-2)

**INSTRUCTIONS:** Complete and return this application so that it is received by your county election board at least 8 days before election day. **NOTE:** Certain voters who registered by mail are required to provide additional personal identification documentation before voting an absentee ballot by mail. Contact your county voter registration office for information if you think this requirement may apply to you. The primary election choice boxes may be deleted for a general election. **DEADLINE DATES:** For the May 6, 2008 Primary Election, the Deadline for the county to receive this application is **MONDAY, APRIL 28, 2008 BY MIDNIGHT.** For the November 4, 2008 Municipal Election, the Deadline for the county to receive this application is **MONDAY, OCTOBER 27, 2008 BY MIDNIGHT.** (THIS FORM CAN BE MAILED, FAXED, OR HAND-DELIVERED.)

La Porte County Fax: 219-326-6626

To the county election board:

1. INFORMATION OF ABSENTEE BALLOT APPLICANT			
Name (please print)	Date of Birth (mm/dd/yy)	Voter Identification Number (Indiana issued driver's license number, OR if voter does not possess driver's license, provide last 4 digits of social security number) (optional)	
Registration Address (number and street)	City/Town, State, ZIP Code	Telephone Number (Day)	
2. ABSENTEE BALLOT MAILING ADDRESS (Please mail the absentee ballot for the election to me at this address if different from registration address)			
Mailing Address (number and street)	City/Town, State, ZIP Code		
If this application is for a PRIMARY ELECTION, check the political party ballot that you are requesting: <input type="checkbox"/> DEMOCRATIC <input type="checkbox"/> REPUBLICAN OR <input type="checkbox"/> Check School Board Only AND/OR <input type="checkbox"/> Public Question Only			
3. REASON TO VOTE ABSENTEE BALLOT BY MAIL			
<input type="checkbox"/> I have a specific, reasonable expectation of being absent from the county on election day during the entire 12 hours that the polls are open. <input type="checkbox"/> I will be confined to my residence, a health care facility, or a hospital due to illness or injury during the entire 12 hours that the polls are open. <input type="checkbox"/> I will be caring for an individual confined to a private residence due to illness or injury during the entire 12 hours that the polls are open. <input type="checkbox"/> I am a voter with disabilities. <i>NOTE: If you are unable to mark the ballot or sign the ballot security envelope, you must contact the county election board to process your application.</i>		<input type="checkbox"/> I am a voter at least 65 years of age. <input type="checkbox"/> I will have official election duties outside of my voting precinct. <input type="checkbox"/> I am scheduled to work at my regular place of employment during the entire 12 hours that the polls are open. <input type="checkbox"/> I am unable to vote at the polls in person due to observance of a religious discipline or religious holiday during the entire 12 hours the polls are open. <input type="checkbox"/> I am a voter eligible to vote under the "fail-safe" procedures in IC 3-10-11 or 3-10-12. <input type="checkbox"/> I am an address confidentiality program participant in the program administered by the Indiana Attorney General under IC 5-26.5-1-6.	
NOTE: If you wish to vote by absentee ballot before a traveling board or in person at the county clerk's office, or if you wish for the person holding a power of attorney to apply for you, contact your county election board.			
I swear or affirm under the penalties of perjury that all of the information set forth on this application is true to the best of my knowledge and belief. Perjury is punishable by a term of imprisonment for up to 3 years, a fine of up to \$10,000 or both.			
Signature of voter (or person designated by election board to sign for a disabled voter)		Date signed (month, day, year)	

4. INFORMATION OF INDIVIDUAL ASSISTING ABSENTEE BALLOT APPLICANT			
Name (please print)	Date Assistance to Applicant Provided	Telephone Number (Day)	Telephone Number (Evening)
Registration Address (number and street)	City/Town, State, ZIP Code	Mailing Address (if different from residence address)	City/Town, State, ZIP Code
I swear or affirm under the penalties of perjury that I have no knowledge or reason to believe that the individual submitting the application: (1) is ineligible to vote or to cast an absentee ballot; or (2) did not properly complete and sign the application.			
Signature of Person Assisting Voter with Application		Date signed (month, day, year)	

FOR OFFICE USE ONLY		
Date ____/____/____	Precinct:	Is applicant required to provide additional documentation to the county voter registration office but has not yet done so? <input type="checkbox"/> Yes <input type="checkbox"/> No