

# APPLICATION FOR ABSENTEE BALLOTS

(Instructions to voter on reverse side)

VOTER'S  
NAME \_\_\_\_\_

(Print or Type Name as Registered)

Date of birth: \_\_\_\_\_  
(Month/Day/Year)

Address of **registration**:

\_\_\_\_\_  
(Street or Route)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

Ballots should be **mailed** to:

\_\_\_\_\_  
(Street or P.O. Box)

(City) (State) (Zip)

I am registered to vote at an address located within the geographical boundaries of:

\_\_\_\_\_  
(Name of school district, if applicable)

\_\_\_\_\_  
(Number of Board of Education district, if applicable)

\_\_\_\_\_  
(Name of special purpose district, if applicable)

I am registered and reside at an address located within the corporate limits of:

\_\_\_\_\_  
(Name of city or town, if applicable)

\_\_\_\_\_  
(Number of ward, if applicable)

I hereby request an absentee ballot for all elections for which I am eligible during the calendar year 20\_\_\_\_.

**OR**

- Presidential Preferential Primary, 20\_\_\_\_
- Regular Primary Election, 20\_\_\_\_
- Regular Runoff Primary Election, 20\_\_\_\_
- Regular General Election, 20\_\_\_\_
- Other (i.e. school, municipal, special, etc.)

**FOR COUNTY ELECTION BOARD USE**

**YOU MAY FAX  
THIS FORM TO  
918-485-8063**

WAGONER COUNTY ELECTION BOARD  
P. O. Box 714  
Wagoner, OK 74477

MAIL OR FAX TO ↓

I swear or affirm that (Check one box only)

- I am physically incapacitated, and I **AM** confined to a nursing home or veteran center within the county:

\_\_\_\_\_  
(Name of nursing home or veteran center)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

- I am physically incapacitated, and I am **NOT** confined to a nursing home or veteran center.

- I am charged with the care of another person who is physically incapacitated and who cannot be left unattended.

\_\_\_\_\_  
(Signature of Voter)

Daytime phone number: \_\_\_\_\_  
(optional)

E-mail address: \_\_\_\_\_  
(optional)

If voter is unable to write, he shall make his mark below, and same shall be witnessed by two persons who shall sign their names in the space provided.

MARK OF VOTER

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Witness)