



State Absentee Ballot Request Form

North Carolina

POLK COUNTY BOARD OF ELECTIONS

Physical Address
40 Courthouse St
Columbus NC 28722

Mailing Address
PO BOX 253
Columbus NC 28722

PHONE: 828-894-8181
polk.boe@ncsbe.gov

FAX: 828-894-3565

General Instructions

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at www.ncsbe.gov. The deadline to register to vote is 25 days prior to the date of the election.

Completing the Form

The voter's full name, residential address, date of birth and an identification number (see **Proof of Identification** below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form must be signed by the voter or the voter's near relative or qualified legal guardian.

Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

Updating Voter Information

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

Proof of Identification

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then provide with this request a copy of a document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

Ballot Availability

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

Submitting the form

Submit this form to the County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

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This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.



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TO: **POLK COUNTY BOARD OF ELECTIONS**

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

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information						
Last Name		First Name		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)			
City	State	Zip Code	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: ____ / ____ / ____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)	
SSN X X X - X X - [] [] [] [] [] [] [] [] [] []						

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian	<input type="checkbox"/> Non-partisan
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address	Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Legal Guardian (if applicable)
X _____	X _____
Date	Date