APPLICATION FOR ABSENTEE BALLOT BY TRAVELING BOARD

for Election on _____/_____/20__ **(ABS-TRAVELING BOARD)**

State Form 55379 (R / 10-15); Indiana Election Division (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-25)

FOR COUNTY ELECTION BOARD USE ONLY		
Precinct	**ADDITIONAL DOCUMENTATION**	Is applicant required to provide additional residence documentation to the county voter registration office but has not yet done so? ☐ Yes ☐ No

INSTRUCTIONS: The voter *(or the voter's power of attorney)* must SIGN the application below.

If you do not have an attorney in fact, and are physically unable to sign the application, call the County Election Board for assistance. If you are applying as the voter's attorney in fact, a copy of the power of attorney must be attached to this application. **Some voters who have registered for the first time in Indiana, and did so by mail, are required to provide additional residence documents. The county election board can tell you if this requirement applies to you. Use this application to vote your absentee ballot before a bipartisan traveling board. If you are asking that an absentee ballot be sent to you *by mail*, use form ABS-MAIL. If you are a member of the Attorney General's address confidentiality program, use form ABS-ATTORNEY GENERAL. If you are an overseas voter or uniformed services *(military)* voter, use form ABS-15.**

This form must be received by noon the day before the election and may be hand delivered, mailed, or faxed. DO NOT E-MAIL THIS FORM. If you receive this completed absentee application from a voter, you must file this completed application with the county or Indiana Election Division by noon, 10 days after receiving it or by the absentee deadline, whichever comes first. You must also provide the date you received the completed application in box 3.

1. INFORMATION OF ABSENTEE BALLOT APPLICANT

Name *(please print)*	**Date of Birth** *(mm/dd/yy)* _____/_____/_____	**Last Four Digits of Social Security Number *(Optional)*** __ __ __ __ *OR* ☐ I do not have a Social Security Number.
Registration Address *(number and street)*	**City/Town, State, ZIP Code**	**Telephone Number *(Optional)*** ( )
Please have the traveling board visit me at the following address: ***(number and street, City/Town, State, ZIP Code)***		**Telephone Number *(Optional)*** ( )
I qualify to vote by traveling board because *(select at least one)*: ☐ of illness or injury; ☐ of caring for a confined person at a private residence on election day ; **OR** ☐ I am a voter with disabilities and believe that my polling place is not accessible to me.		***If applicable,* I request that the county election board authorize the traveling board to visit me at this location, which is *outside of the county* where I am registered to vote.** ☐ Approved by County Election Board ☐ Denied by County Election Board

Change of Name *(If you changed your name since you registered to vote, please print your* **FORMER NAME** *to authorize an update to your voter registration*:

2. COMPLETE THIS SECTION OF APPLICATION TO VOTE IN PRIMARY

Under state law, you must request a major political party ballot to vote in the primary election. You may vote on a public question without voting a political party ballot, if a referendum (public question) is held on the same day as the primary. I apply for the ballot of the political party, a majority of whose candidates I voted for at the last general election, or whom I intend to vote for in the next general election *(check one box)*

☐ **Democratic Party** ☐ **Republican Party**

OR I do not wish to vote in either political party's primary, but wish to vote on a ☐ **Public Question Only**

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.

Signature of voter *(or person designated by a county election board to sign for a voter with disabilities)* **X**	**Date signed *(month, day, year)*** _____/_____/ 20__

3. IF YOU RECEIVED THIS COMPLETED APPLICATION FROM THE VOTER, PUT THE DATE IT WAS RECEIVED:

Date Person Received This Application from Applicant: _____/_____/ 20__

4. INFORMATION OF INDIVIDUAL ASSISTING ABSENTEE BALLOT APPLICANT

Name *(please print)*	**Date Assistance to Applicant Provided** _____/_____/ 20__	
Residence Address *(number and street)*	**City/Town, State, ZIP Code**	**Telephone Number *(Day)*** ( )
Mailing Address *(number and street) (If different from residence address)*	**City/Town, State, ZIP Code**	**Telephone Number *(Evening)*** ( )

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)*** _____/_____/ 20__

Penalty for perjury: A person who makes a false, material statement under oath or affirmation, knowing the statement to be false or not believing it to be true commits perjury, a Level 6 felony, punishable by imprisonment for up to 2 ½ years, a fine of up to $10,000, or both.

ABSENTEE BALLOT AFFIDAVIT FOR 2016 IN A COUNTY USING DIRECT RECORD ELECTRONIC VOTING SYSTEMS AND ELECTRONIC POLL BOOKS FOR AN ABSENTEE BALLOT VOTED IN PERSON OR DELIVERED BY TRAVELING BOARD

(ABS-7A)

Indiana Election Division

I, *(Attach voter address label here or print voter name and address below)*

Affirm under the penalties for perjury that the following is true:
I RESIDE AT THE ABOVE ADDRESS AND AM ENTITLED TO VOTE IN THE ABOVE PRECINCT / WARD / TOWNSHIP **OR**

I AM ENTITLED TO VOTE AN ABSENTEE BALLOT IN THE PRECINCT WHERE I FORMERLY RESIDED UNDER IC 3-10-10; 3-10-11 OR 3-10-12 IN THE ABOVE PRECINCT / WARD / TOWNSHIP IN THE STATE OF INDIANA *(AND THE REQUIRED VRG-4/12 FORM IS ATTACHED)*

at the ☐ PRIMARY ☐ GENERAL
to be held on **May 3, 2016.**

I also affirm under the penalties of perjury each of the following: I have personally marked the enclosed ballot in secret and sealed it without exhibiting the ballot to any other person.

_____
X Signature of voter

_____/ _____/, 2016.
Date signed *(mm/dd/yy)*

ABSENTEE BOARD MEMBER STATEMENTS

(Check the boxes which apply, and then sign and print both names.)

☐ We are the absentee voter board members who accepted the completed absentee ballot from this voter, who appeared in person before us;

OR

☐ We serve as a traveling board, and are the absentee voter board members who accepted the completed absentee ballot from this voter, whom we visited in the manner authorized under state law (IC 3-11-10-25(b)); and

☐ *If applicable, state that* This voter was a voter with disabilities who was unable to make a voting mark on the ballot or sign the secrecy envelope.

_____
1. X Signature of absentee voter board member

_____
Printed name of absentee voter board member

_____
2. X Signature of absentee voter board member

_____
Printed name of absentee voter board member