
(C) JAIL OR PRISON

Absent because I expect to remain detained/confined in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony. **☛ Go to Section (F)**

(D) ILLNESS, PHYSICAL DISABILITY, OR HOSPITAL PATIENT

Unable to go to my polling place because I am ill or physically disabled, and advised not to, by my medical practitioner or Christian Science Practitioner, or due to COVID 19 concerns: _____
I expect to be a patient in _____ Hospital, whose address is _____
(Give name)

My illness or disability is permanent. Please mail Absentee Ballots to me for all future elections without further application. The nature of my permanent illness or disability is _____
☛ Go to Section (F)

(E) ACCOMPANYING A SPOUSE, PARENT OR CHILD

Absent from my county on such Election Day, because I will be accompanying my spouse, parent, child, who falls within one of the above categories.
Name and address of such relative: _____
(In the event that this application is not accompanied by the application of such spouse, parent, or child, you must complete the appropriate section above by setting forth the details as they relate to that person) **☛ Go to Section (F)**

(F) ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

Delivery of general election ballot (check one)

- Deliver to _____ whom I authorize to receive my ballot.
(Give name)
- Mail ballot to me at: _____
(Address)

APPLICANT MUST SIGN BELOW

I certify that the information in this application is true and correct and I understand that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Date _____ Signature of Voter _____

(If applicant is unable to sign application because of illness, physical disability or inability to read, the following statement must be executed :) By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have had assistance in making, my mark in lieu of my signature.

Date _____ Name of Voter _____ Mark _____

I, the undersigned, hereby certify that the above named voter affixed his/her mark to this application in my presence and I know him/her to be the person who affixed his/her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

(Address of witness to mark)

(Signature of witness to mark)

(City, State, Zip)