# State Absentee Ballot Request Form

**North Carolina**

MADISON COUNTY BOARD OF ELECTIONS

*Physical Address*
5707 US 25-70 HWY
MARSHALL, NC 28753

*Mailing Address*
PO BOX 142
MARSHALL, NC 28753

PHONE: 828-649-3731
FAX: 828-649-0187
madison.boe@ncsbe.gov

## 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.

MADISON COUNTY BOARD OF ELECTIONS
PO BOX 142
MARSHALL, NC 28753

Email: Madison.boe@ncsbe.gov Fax: 828-649-0187

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

# State Absentee Ballot Request Form

**North Carolina**

TO: MADISON COUNTY BOARD OF ELECTIONS

*Physical Address*
5707 US 25-70 HWY
MARSHALL, NC 28753

*Mailing Address*
PO BOX 142
MARSHALL, NC 28753

PHONE: 828-649-3731 FAX: 828-649-0187
madison.boe@ncsbe.gov

**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?** ☐ Yes ☐ No

**If "No," indicate the date of your move:** _____ /_____ / _____

**County of Residence** | **Previous Name** (if applicable)

**You must provide at least one identification number below.** (or see instructions)

NC License or ID Number | SSN X X X - X X - ☐☐☐

**Voter Registration No.** Optional | **Phone** (optional) | **Email** (optional)

## Absentee Voting Information

| Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code |
|---|---|---|---|
| | | | |

**If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.**
☐ Democratic ☐ Republican ☐ Libertarian ☐ 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.** ☐ Yes ☐ 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**

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ 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:**

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ 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)** ☐ Mail ☐ Fax ☐ Email

**Fax Number or Email Address**

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

Visit www.NCSBE.gov to check your voter registration or absentee voting status.