

# APPLICATION FOR ABSENT VOTER BALLOT

FOR THE \_\_\_\_\_ ELECTION

TO BE HELD ON \_\_\_\_\_, 20 \_\_\_\_\_

I, \_\_\_\_\_, a duly qualified and registered  
(Print Name)

elector in the \_\_\_\_\_ Ward \_\_\_\_\_ Precinct of the  City  Village  
 Township  School District of

\_\_\_\_\_ in the County of \_\_\_\_\_  
(Name of City, Township, Village or School District)

and State of Michigan, hereby make application for an official ballot, or ballots, to be voted by me at such election.

**CHECK REASON WHY YOU ARE REQUESTING BALLOT(S). IF A REASON IS NOT CHECKED AN ABSENTEE BALLOT WILL NOT BE ISSUED.**

- I expect to be absent from the community in which I am registered for the entire time the polls are open on election day.
- I am physically unable to attend the polls without the assistance of another.
- I cannot attend the polls because of the tenets of my religion.
- I have been appointed an election precinct inspector in a precinct other than the precinct where I reside.
- I am 60 years of age or older.
- I cannot attend the polls because I am confined to jail awaiting arraignment or trial.

I DECLARE THE FOREGOING STATEMENT TO BE TRUE

**SIGN  
HERE**



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

\_\_\_\_\_  
(Date)

**WARNING: A person making a false statement in this absent voter ballot application is guilty of a misdemeanor.**

**NOTE: MICHIGAN LAW REQUIRES A.V. BALLOTS TO BE SENT TO YOUR REGISTERED ADDRESS UNLESS YOU ARE HOSPITALIZED, INSTITUTIONALIZED, OR AT AN ADDRESS OUTSIDE OF YOUR COMMUNITY. COMPLETE THE FOLLOWING ADDRESS ONLY IF YOU WANT YOUR BALLOT(S) SENT TO AN ADDRESS OUTSIDE OF YOUR COMMUNITY OR TO A HOSPITAL OR OTHER INSTITUTION.**

Send "Absent Voter Ballot" to me at \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip)

My registered address is \_\_\_\_\_  
(Number) (Street)

**(CLERK'S RECORD - FOR CLERK'S USE ONLY)**

Date Filed _____	20 _____	Ballot No. _____
Date Mailed _____	20 _____	Ward/Precinct No. _____
Date Returned _____	20 _____	Clerk _____

DO NOT DETACH

## APPLICATION TO VOTE – POLL LIST (ABSENT VOTER)

I hereby certify that I am a registered and qualified elector in this ward and precinct and hereby make application to vote at this election.

**SIGN  
HERE**



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

PRINT NAME: \_\_\_\_\_  
(Date of Birth)

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

**INSPECTORS USE ONLY**

_____	_____
<b>Date of Election</b>	<b>Ward/Precinct No.</b>
_____	_____
<b>Ballot No. Issued</b>	<b>Inspector Initials</b>

\_\_\_\_\_  
Voter No.

\_\_\_\_\_  
Ward/Precinct No.

\_\_\_\_\_  
Inspector Initials