

**APPLICATION FOR ABSENTEE BALLOT BY TRAVELING BOARD**

for Election on ____/____/20__

(ABS-TRAVELING BOARD)

State Form 55379 (R7 / 12-24)

INDIANA ELECTION DIVISION (IC 3-11-4-2; 3-11-4-5.1; 3-11-4-6; 3-11-10-24; 3-11-10-25)

CONTACT INFORMATION: Indiana Election Division

302 West Washington Street, Room E-204, Indianapolis, IN 46204

Visit www.IndianaVoters.IN.gov for county contact information

office: (317) 232-3939

fax: (317) 233-6793

email: elections@iec.IN.gov**INSTRUCTIONS FOR VOTER: If you need assistance completing an absentee ballot, you will use this application to vote your absentee ballot before a bipartisan traveling board.** Providing a phone number or email address in box 1 is not required when submitting a paper application.

However, county election officials must be able to contact you to schedule an appointment. Some voters who have registered for the first time in Indiana, and did so by mail, are required to provide additional residency documents. The county election board can tell you if this requirement applies to you.

The voter (or a person designated by a voter with disabilities who is unable to sign) must SIGN the application below. If you are applying as the voter's attorney in fact, a copy of the power of attorney must be attached to this application**This form must be received by noon the day before election day and may be hand delivered, mailed, e-mailed, or faxed.****1. INFORMATION OF ABSENTEE BALLOT APPLICANT**

Name (please print)		Former Name	
Registration Address (number and street; no PO Boxes)		City/Town	State Zip Code
Please have the traveling board visit me at the following address: (number and street, city/town, state, and ZIP code)			
Date of Birth	Phone Number (Optional, if not filing online)	E-mail Address (Optional, if not filing online)	

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; **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 **OR** ☐ Denied by County Election Board

2. VOTER IDENTIFICATION (YOU MUST COMPLETE OPTION 1 OR OPTION 2)

☐	Option 1: Please provide your Indiana driver's license number or Indiana identification card number OR the unique identification number on your registration record OR the last four digits of your social security number (SSN). Your application may be delayed if the county election board cannot match at least one of these numbers with your voter registration record.
IN Driver's License or Identification Card Number	Unique Voter ID Number from Voter Registration Last 4 of SSN
☐	Option 2: Please enclose a <u>photocopy</u> of your valid Indiana driver's license, Indiana identification card, or other proof of identification that complies with the state's photo ID law (IC 3-5-2-40.5). Your application may be delayed if you do not provide a copy of your photo ID with your application. More information about accepted forms of voter IDs can be found online at www.in.gov/sos/elections/voter-information/photo-id-law

3. COMPLETE THIS SECTION OF APPLICATION TO VOTE IN MAY PRIMARY ELECTION

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 am applying 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 a political party's primary and choose a ☐ **Public Question Only**

4. VOTER'S AFFIRMATION & SIGNATURE

I swear or affirm under the penalties of perjury that all information set forth on this application is true to the best of my knowledge and belief. Perjury is punishable by imprisonment for up to 2½ years, a fine of up to \$10,000, or both. I understand the information provided in section 2 is confidential. I am authorizing changes to my voter registration record if my name has changed in section 1 or to add a voter ID number provided in section 2.

SIGNATURE OF VOTER > (or person designated to sign by a voter with disabilities who is unable to sign, please print voter's name and complete affidavit in section 5)	Date signed
If you receive this completed application from the voter, you must file it with the county election board or Indiana Election Division not later than noon, 10 days after receiving it OR the absentee deadline, whichever comes first.	Date Received

5. AFFIDAVIT OF ASSISTANCE TO BE COMPLETED BY INDIVIDUAL ASSISTING ABSENTEE BALLOT APPLICANT

Name	Date Assistance Provided	Phone Number (day)	Phone Number (night)
Registration Address (number, street, city, state, zip)		Mailing Address (number and street, or PO Box number, city, state, zip)	
I swear or affirm under penalties of perjury that I am not the employer of this voter, an officer of the voter's union, or an agent of the employer or union of this voter and 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 X	Date signed
FOR OFFICE USE ONLY	Date Received	Approved? Yes No	Additional Residency Documentation Required? Yes No Voter's Precinct