

# Application for Absent Voters Ballot

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

TO BE HELD ON \_\_\_\_\_ 19 \_\_\_\_

I, \_\_\_\_\_, a duly qualified and registered  
(PRINT NAME)  
elector of the \_\_\_\_\_ Ward \_\_\_\_\_ Precinct of the \_\_\_\_\_  
(TOWNSHIP, VILLAGE OR CITY)  
of \_\_\_\_\_ in the County of \_\_\_\_\_ and  
(NAME OF TOWNSHIP, VILLAGE OR CITY)  
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**  **X**

\_\_\_\_\_  
(Signature of absent voter)

\_\_\_\_\_  
Date

**WARNING:** A person who makes a false statement in this declaration is guilty of a misdemeanor.

**NOTE:** MICHIGAN LAW REQUIRES A.V. BALLOTS BE SENT TO YOUR REGISTERED ADDRESS UNLESS YOU ARE HOSPITALIZED, INSTITUTIONALIZED, OR AT AN ADDRESS OUTSIDE OF YOUR COMMUNITY. COMPLETE THE FOLLOWING ADDRESS INFORMATION **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)

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

Filed \_\_\_\_\_ 19 \_\_\_\_ Ballot No. \_\_\_\_\_ Ward/ Precinct No. \_\_\_\_\_

Mailed \_\_\_\_\_ 19 \_\_\_\_ Returned \_\_\_\_\_ 19 \_\_\_\_

Clerk \_\_\_\_\_

**SEE BACK FOR ADDITIONAL INSTRUCTIONS**

(DO NOT DETACH)

## Application to Vote—Poll List (Absent Voter)

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

Ward \_\_\_\_\_

DATE OF ELECTION \_\_\_\_\_ Precinct \_\_\_\_\_

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

Date of Birth \_\_\_\_\_  
(Month-Day-Year)

\_\_\_\_\_  
(PRINT NAME)

**SIGN  
HERE** 

**X**

\_\_\_\_\_  
(SIGNATURE OF ABSENT VOTER)

**X**

\_\_\_\_\_  
(REGISTERED HOME ADDRESS OF ABSENT VOTER)