

Voter Registration and absentee ballot request

Indiana

Special notes for Indiana: Indiana requires a copy of your driver's license or other ID.

1. Fill out the Voter Registration Form. Use your **residence address** in Indiana, that corresponds to your drivers license or other ID
2. If you aren't sure of your county check here and we'll look it up for you. Your "municipality" is just the name of your city town village etc.
3. If you want to vote by mail, fill out the Absentee Ballot Request. Give your residence address in Indiana, and also your mailing address for an absentee ballot. If you plan to vote in person, do not fill out the Absentee Ballot request.
4. Most states require a drivers license number, or a non-drivers state ID number, or part of a social security number
5. Most states require a copy of your ID. **We'll help you copy your ID right here.**
6. Fill out your contact info below, so that we can reach you if necessary.
7. Staple or clip this sheet and the Voter Registration Form and the Absentee Ballot Request together and **give it to the VR volunteer.**
8. We'll look up the correct county clerk or election board for your state & county, and mail it for you right away.
9. Watch for your ballot in the mail.

Name _____

Phone _____

Email _____

- I requested an absentee ballot; I will vote by mail
- I did not request an absentee ballot; I plan to vote in person.
- I'm interested in volunteering; please contact me

Organizer: Look up the county if necessary at <http://quickfacts.census.gov/cgi-bin/qfd/lookup>
Send this absentee ballot request and this voter registration form together to the county-level election authority.
Find the correct mailing at <http://longdistancevoter.org> Use the address given for absentee ballot requests
Do not send absentee ballot requests to the state election authority. Do not send the forms to different destinations.



INDIANA VOTER REGISTRATION APPLICATION

State Form 50504 (R5/12-05)

Indiana Election Commission

(VRG-7)

You can use this application to:

- Apply to register to vote in Indiana or
- Change your name and address on your voter registration record.

To register you must:

- Be a citizen of the United States;
- Be at least 18 years old on the day of the next general or municipal election;
- Have lived in your precinct for at least 30 days before the next election (*except for certain military voters*); and
- Not currently be imprisoned after being convicted of a crime.

If you move:

- You must transfer your registration whenever you move out of your precinct.
- You may use this application to transfer your registration. You may mail or hand deliver the completed application to your county registration office.

To complete this form:

FILL IN ALL THE BOXES THAT APPLY TO YOU IN BLUE OR BLACK INK

Box 4: Residence Address Type or print the address where you live (number, street, apartment number, city/town, and ZIP code). If your address is a rural route or star route, be sure to include the box number. If this address does not have a street number, draw a map in Box 15.

Box 5: Mailing Address If this address is the same as Box 4, just print "SAME" in this box.

Box 6: Previous Voter Registration Address If you have been registered previously, please list your most recent registration address.

Boxes 8 and 9: These questions are optional. Your application will be processed even if you do not answer these questions.

Box 10: Identification Documentation If you are registering to vote in Indiana for the first time, and you are sending this application by mail, you must provide identification documentation. Identification may include a current and valid photo id, current utility bill, bank statement, government check, paycheck, or government document that shows the name and address of the voter. You may include a copy of your identification with this application. Do not mail an ORIGINAL copy of your document! If you do not provide identification with this application or to the county voter registration office before election day, you will be asked for it the first time you vote.

Box 11: If you check "no" in response to the question in Box 11, you may not complete this application.

Box 12: The question in Box 12 requires a person to be at least 18 years of age by the next general or municipal election. If you check "no" in response to the question in Box 12, you may not complete this application.

Box 13: Voter Identification Number In Box 13, you are required to provide your Indiana driver's license number as issued by the Indiana Bureau of Motor Vehicles. *If you do not have an Indiana driver's license*, provide the last four digits of your social security number. If you do not have an Indiana driver's license number, or a social security number, a voter identification number will be assigned to you.

Box 14: If this is an application for a name change, provide your previous name in Box 14. *If you have not changed your name, skip this question.*

Box 15: Skip this question if the address where you live has a street name and number (such as 100 Maple Street). If you have a rural route or star route address, please draw a simple map that shows the nearest crossroads or street intersection and where your residence is located. If you do not live in a house or other building, please draw a map that shows where you usually sleep and the nearby streets.

Box 16: *This application cannot be processed without the voter's original signature in this section. DO NOT FAX THIS FORM AFTER COMPLETING IT.*

Registration Deadlines: In order to be processed for the next election, this application must be postmarked or hand delivered to your county voter registration office no later than 29 days before the next election. If your county registration office receives this application after that day, you will be unable to vote in the next election. If you miss this deadline, your registration application will be processed when registration reopens. Some military voters and their family members can register until noon on election day. Contact your county voter registration office for information if you may qualify to do so.

Acknowledgment Notice: You will be sent a notice from your county voter registration office that acknowledges receipt of your voter registration application. The notice informs you whether your registration application was approved by the county voter registration office. The notice may identify where you can vote. If your registration application is incomplete, you may be contacted and asked to provide additional information. *If you have not received an acknowledgment notice within 30 days of filing this application you should contact your county voter registration office.*

Questions? Call your county voter registration office or the Indiana Election Division for assistance.

Indiana Election Division

302 West Washington Street, Room E204

Indianapolis, Indiana 46204-2743

Telephone: 317-232-3939 or Toll-free Indiana only: 800-622-4941

www.in.gov/sos/elections

elections@iec.state.in.us

If Not Typed, Please Print in Blue or Black Ink

1	Check boxes that apply: <input type="checkbox"/> New registration <input type="checkbox"/> Address change (See Box 6) <input type="checkbox"/> Name change (See Box 14)	2	Indiana county where you live:	COUNTY USE ONLY	Date processed	Township/Precinct	County Tracking Number
3	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Last Name	First Name	Middle Name or Initial	Suffix Jr. Sr. II III IV		
4	Residence Address (No Post Office Boxes)			Apt. No.	City / Town	State IN	Zip Code
5	Mailing Address, if different from Box 4, <i>if same, print "SAME"</i>			Apt. No.	City / Town	State	Zip Code
6	Previous Voter Registration Address		County	Apt. No.	City / Town	State	Zip Code
7	Date of Birth (mm/dd/yy)	8	Telephone number (If available)	9	E-mail (If available)	10	Are you including identification documentation? (See instructions for Box 10 above.) <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	12	Will you be at least 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No	13	Voter Identification Number Provide your 10-digit Indiana issued driver's license number. If you do not possess an Indiana driver's license, then provide the last 4 digits of your social security number here. <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Social Security Number <input type="checkbox"/> None		
14	If you have changed your name, what was your name before you changed it? <i>If you have not changed your name, skip this question.</i>	Last Name	First Name	Middle Name or Initial	Suffix Jr. Sr. II III IV		
15	Map/Diagram: If your residence has no address, street number or name (such as 100 Maple Street), please draw a map showing where your residence is located, include roads and landmarks. <i>Otherwise, skip this question.</i> N W E S			16 I authorize my voter registration at any other address to be cancelled. I swear or affirm that: <ul style="list-style-type: none"> I am a citizen of the United States. I will be at least 18 years of age at the next general or municipal election. I will have lived in my precinct for at least 30 days before the next election. I am not currently in prison after being convicted of a crime. All the above information and all other statements on this form are true. I understand that if I sign this statement knowing that it is not true I am committing perjury and can be fined up to \$10,000, jailed for up to three years or both. 			
				Signature of Applicant		Date	
If applicant is unable to fill out the application due to disability, the person who helped the applicant with this application lists their name, address and telephone number in the box below. (Telephone number is optional.)							
Name		Address		City/Town		Telephone Number (optional)	



APPLICATION FOR ABSENTEE BALLOT BY MAIL ONLY For Election on ____/____/____
 State Form 47090 (R7/9-07) Indiana Election Commission (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-24)

(ABS-2)

INSTRUCTIONS: Complete and return this application so that it is received by your county election board at least 8 days before election day. **NOTE:** Certain voters who registered by mail are required to provide additional personal identification documentation before voting an absentee ballot by mail. Contact your county voter registration office for information if you think this requirement may apply to you. The primary election choice boxes may be deleted for a general election. **DEADLINE DATES:** For the May 6, 2008 Primary Election, the Deadline for the county to receive this application is **MONDAY, APRIL 28, 2008 BY MIDNIGHT.** For the November 4, 2008 Municipal Election, the Deadline for the county to receive this application is **MONDAY, OCTOBER 27, 2008 BY MIDNIGHT.** (THIS FORM CAN BE MAILED, FAXED, OR HAND-DELIVERED.)

To the county election board:

1. INFORMATION OF ABSENTEE BALLOT APPLICANT

Name (please print)	Date of Birth (mm/dd/yy) ____/____/____	Voter Identification Number (Indiana issued driver's license number, OR if voter does not possess driver's license, provide last 4 digits of social security number) (optional)
Registration Address (number and street)	City/Town, State, ZIP Code	Telephone Number (Day) ()

2. ABSENTEE BALLOT MAILING ADDRESS (Please mail the absentee ballot for the election to me at this address if different from registration address)

Mailing Address (number and street)	City/Town, State, ZIP Code
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If this application is for a **PRIMARY ELECTION**, check the political party ballot that you are requesting: **DEMOCRATIC** **REPUBLICAN OR** **Check School Board Only** **AND/OR** **Public Question Only**

3. REASON TO VOTE ABSENTEE BALLOT BY MAIL

<input type="checkbox"/> I have a specific, reasonable expectation of being absent from the county on election day during the entire 12 hours that the polls are open. <input type="checkbox"/> I will be confined to my residence, a health care facility, or a hospital due to illness or injury during the entire 12 hours that the polls are open. <input type="checkbox"/> I will be caring for an individual confined to a private residence due to illness or injury during the entire 12 hours that the polls are open. <input type="checkbox"/> I am a voter with disabilities. <i>NOTE: If you are unable to mark the ballot or sign the ballot security envelope, you must contact the county election board to process your application.</i>	<input type="checkbox"/> I am a voter at least 65 years of age. <input type="checkbox"/> I will have official election duties outside of my voting precinct. <input type="checkbox"/> I am scheduled to work at my regular place of employment during the entire 12 hours that the polls are open. <input type="checkbox"/> I am unable to vote at the polls in person due to observance of a religious discipline or religious holiday during the entire 12 hours the polls are open. <input type="checkbox"/> I am a voter eligible to vote under the "fail-safe" procedures in IC 3-10-11 or 3-10-12. <input type="checkbox"/> I am an address confidentiality program participant in the program administered by the Indiana Attorney General under IC 5-26.5-1-6.
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NOTE: If you wish to vote by absentee ballot before a traveling board or in person at the county clerk's office, or if you wish for the person holding a power of attorney to apply for you, contact your county election board.

I swear or affirm under the penalties of perjury that all of the information set forth on this application is true to the best of my knowledge and belief. Perjury is punishable by a term of imprisonment for up to 3 years, a fine of up to \$10,000 or both.

Signature of voter (or person designated by election board to sign for a disabled voter)	Date signed (month, day, year) ____/____/____
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4. INFORMATION OF INDIVIDUAL ASSISTING ABSENTEE BALLOT APPLICANT

Name (please print)	Date Assistance to Applicant Provided ____/____/____	Telephone Number (Day) ()	Telephone Number (Evening) ()
Registration Address (number and street)	City/Town, State, ZIP Code	Mailing Address (If different from residence address)	City/Town, State, ZIP Code

I swear or affirm under the penalties of perjury that I 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	Date signed (month, day, year) ____/____/____
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FOR OFFICE USE ONLY

Date ____/____/____	Precinct:	Is applicant required to provide additional documentation to the county voter registration office but has not yet done so? <input type="checkbox"/> Yes <input type="checkbox"/> No
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