



# Application for Absentee Ballot

Please type or use black or blue pen only and print clearly. Application due by noon the day before Election Day. Fields marked with an asterisk (\*) are required fields.

## REQUIRED

### APPLICANT IDENTIFYING AND CONTACT INFORMATION

Last Name*	First Name*	Middle Name (optional)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Birthdate* (MM/DD/YYYY)	Phone Number (optional)	Email Address (optional)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
County where you reside and are registered to vote*	Montana Residence Address*	City*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address <i>required if differs from residence address*</i>	City and State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Check if the mailing address listed above is for part of the year only and if so, complete the information below. Clearly print the complete mailing address and specify the applicable time period for that address (add more addresses on back of form if necessary). Note: Ballots cannot be forwarded, even if you have selected forwarding services at the post office.

Seasonal Mailing Address	City and State	Zip Code	Period (mm/dd/yyyy-mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### BALLOT REQUEST OPTIONS AND VOTER SIGNATURE

**Absentee List:** I request an absentee ballot to be mailed to me for **ALL elections** in which I am eligible to vote as long as I reside at the address listed on this application. I understand that if I file a change of address with the U.S. postal service, I must complete, sign, and return a confirmation notice mailed to me by the election office;

OR

**Election Specific:** I hereby request an absentee ballot for the upcoming \_\_\_\_\_ election to be held on \_\_\_\_\_

*By signing below, I understand that I am officially requesting an absentee ballot, and affirm that I will have met the 30-day Montana residency requirement before voting my absentee ballot. (Also sign affidavit at bottom of page if requesting due to illness or health emergency.)*

_____	_____
<b>*Signature of Elector</b>	<b>*Date Signed</b>

## OPTIONAL

**VOTER INFORMATION PAMPHLET REQUEST** an electronic version of the pamphlet can be found at sos.mt.gov

Please send current Voter Information Pamphlet, if applicable to this election

### DESIGNATE ANOTHER PERSON TO PICK UP YOUR ABSENTEE BALLOT

I, the elector who signed above, hereby designate \_\_\_\_\_ to pick up my absentee ballot.

**Receipt of absentee ballot by designee:** I received the absentee ballot for the applicant on \_\_\_\_\_.  
Date ballot received

_____	_____
Signature of Designee	Date Signed

### AFFIDAVIT OF ELECTOR (due to illness or health emergency)

*Optional:* I hereby declare that I am prevented from voting at the polls due to illness or health emergency occurring between 5:00 p.m. on the Friday preceding the election and 8 p.m. on Election Day.

_____	_____
Signature of Elector	Date Signed

Submit completed form to:  
**Lewis & Clark County Elections**  
 316 N Park Ave, Rm 168  
 Helena, MT 59623  
 Email: [elections@lccountymt.gov](mailto:elections@lccountymt.gov)  
 Fax: 406-457-8598