



**ABSENTEE/MAIL BALLOT APPLICATION**  
 SECRETARY OF STATE  
 SFN 51468 (08-2015)

**For Office Use Only**  
  
**Precinct Part**  
  
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For reference, see North Dakota Century Code, Chapter 16.1-07.

Application must be for at least one of the following elections:

<input type="checkbox"/> June (Primary) Election	<b>OR</b>	<input type="checkbox"/> All Statewide Elections <small>(only check if ballot delivery address will be the same for all elections)</small>
<input type="checkbox"/> November (General) Election		<input type="checkbox"/> City Election <input type="checkbox"/> School Election <input checked="" type="checkbox"/> Special Election

**Applicant Information: (ALL FIELDS REQUIRED)**

Voter's Name		Date of Birth	Daytime Telephone Number	
North Dakota ID Type Used: (check one)				
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Non-driver's ID	<input type="checkbox"/> Long Term Care Certificate <small>(include with application)</small>	<input type="checkbox"/> Tribal ID	
<input type="checkbox"/> Passport or Military ID (only for voters outside the United States)			<input type="checkbox"/> Applicant Without ID*	
ID Number (required only if driver's license, non-driver's ID, tribal ID, passport or military ID is selected above)				
Residential Address		City	State	ZIP Code
Ballot Delivery Address (if different from residential address)		City	State	ZIP Code
I do solemnly affirm that I have resided or will reside in the precinct, where my residential voting address is located, for at least thirty days next preceding the election and will be a qualified elector of the precinct.				
Signature (required)			Date	

**Applicant Unable to Sign:**

If the applicant is unable to sign the applicant's name, the applicant shall mark  or use the applicant's signature stamp on the application in the presence of a disinterested individual. The disinterested individual shall print the name of the individual marking the "X" or using the signature stamp below the "X" or signature and shall sign the disinterested individual's own name following the printed name together with the notation "witness to the mark."

<input type="checkbox"/>  <b>Voter's Mark</b>	Printed Name of Person Making Mark or Voter's Signature Stamp
	Signature of "Witness to the Mark"

**\*Applicant Without ID:**

If the applicant does not possess or cannot secure an approved form of identification due to a disability with which the individual lives and which prevents the individual from traveling to obtain, another qualified elector of the state may attest that the applicant is a qualified elector of that precinct by signing below and providing his or her approved North Dakota identification number. **NOTE:** A qualified elector may not attest the qualifications of more than four applicants in an election.

Printed Name of Attester		Driver's / Non-driver's / Tribal ID Number
Signature of Attester	Date	Daytime Telephone Number

**Active Military and Overseas Voter:**

Check **ONE** (if applicable):

Citizen living outside of the United States

Uniformed service or family member living away from the voter's residence, yet **within** the United States

Uniformed service or family member living away from the voter's residence, yet **outside** the United States

If one of the check boxes above applies to you, please indicate your preferred ballot delivery method:

Mail     Email (provide email address): \_\_\_\_\_     Fax (provide fax number): \_\_\_\_\_

MAIL TO: BUSINESS MANAGER, BOTTINEAU PUBLIC SCHOOL, 301 BRANDER STREET, BOTTINEAU, ND 58318  
 OR FAX TO 701-228-2021