COMPLETE, PRINT, SIGN AND MAIL TO YOUR COUNTY AUDITOR

ABSENT VOTER'S BALLOT APPLICATION

SECRETARY OF STATE

SFN 51468 (06-04)

For reference, see North Dakota Century Code, Chapter 16.1-07

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

☐ **State Primary Election** ☐ **City Election (if applicable)** ☐ **State General Election** ☐ **Special Election** ☐ **Other Election**

VOTING ADDRESS please print clearly

Name		City/Township	Precinct/or voting location	
Address of Voter (residential address)	City	County	State	Zip Code

MAILING ADDRESS (If different than your voting address above) please print clearly

Mailing Address	City	County	State	Zip Code
		Home or Daytime Telephone #		

I do solemnly affirm that I have resided in the precinct, where my residential voting address is located, for at least thirty days next preceding the election.

Signature of Applicant / Date

If the absentee voter is unable to sign his or her name, the voter shall place his or her mark (X) in the box below in the presence of a disinterested person. On the line below the box, the disinterested person shall print the name of the person making the mark. Then, on the following line, the disinterested person shall sign his or her own name as the witness to the mark.

☐ Mark

Printed name of person making mark

Signature of "witness to the mark"

MAIL OR SUBMIT TO THE AUDITOR OF YOUR COUNTY OF RESIDENCE OR APPROPRIATE ELECTION OFFICIAL