

# ARKANSAS APPLICATION FOR ABSENTEE BALLOT

(Revised 07/17)

**IF YOU PROVIDE FALSE INFORMATION ON THIS FORM, YOU MAY BE GUILTY OF PERJURY AND SUBJECT TO A FINE OF UP TO \$10,000 OR IMPRISONMENT FOR UP TO 10 YEARS.**

TO COUNTY CLERK: \_\_\_\_\_

DATE: \_\_\_\_\_

**▶ I REQUEST AN ABSENTEE BALLOT BECAUSE [CHECK ONE]:**

- ☐ I will be unavoidably absent from my polling site on Election Day, OR  
☐ I will be unable to attend the polls on Election Day because of illness or physical disability, OR  
☐ I reside in a long-term care or residential facility licensed by the state.

**▶ I RESIDE [CHECK ONE]:**

- ☐ within the county in which I am registered to vote.  
☐ outside the county in which I am registered to vote.  
☐ I am a member of the merchant marine or uniformed services of the United States on active duty or service (UOCAVA).  
☐ I am a United States citizen residing outside the territorial limits of the U.S. and the District of Columbia (UOCAVA).  
☐ I am a spouse or dependent of a member of the merchant marine or uniformed services of the United State who will be absent from the place where I am qualified to vote because of the member's active duty or service (UOCAVA).

**▶ I REQUEST THE APPROPRIATE ABSENTEE BALLOT(S) FOR THE FOLLOWING ELECTIONS:**

- ☐ Nonpartisan General Election only  
☐ Preferential Primary/Nonpartisan General & Preferential Primary Runoff

**[INDICATE POLITICAL PARTY PREFERENCE]:** \_\_\_\_\_

- ☐ General Election/Nonpartisan Runoff & General Election Runoff  
☐ Annual School Election and Runoff  
☐ Special Election on \_\_\_\_\_ (Date) and Runoff, if applicable.  
☐ All elections for **one calendar year**. *I am a voter with a disability, in a long-term or residential care facility, or living outside the county.*

**[INDICATE POLITICAL PARTY PREFERENCE]:** \_\_\_\_\_

- ☐ All Elections through the next Federal General Election cycle. I am a UOCAVA voter.

**[INDICATE POLITICAL PARTY PREFERENCE]:** \_\_\_\_\_

**▶ I WILL RECEIVE MY BALLOT BY [CHECK ONE]:**

- ☐ Coming to the office of the county clerk by the time the county clerk's office regularly closes on the day before the election.  
☐ Electronic Means\* – My email address is: \_\_\_\_\_ **\*(Only available for UOCAVA voters)**  
☐ Mail. I request that you mail my ballot to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Designated Bearer, Administrator, or Authorized Agent: [PRINTED NAME]

**Note:** A designated bearer may obtain or deliver absentee ballots for no more than two (2) voters per election and may only do so within the 15 days before a school, special election, preferential primary, or general election or the 7 days before a runoff or general primary election. A bearer, administrator, or agent must provide a current and valid photo ID to the clerk and must sign the register, under oath, when picking up or delivering an absentee ballot.

**The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be guilty of perjury and subject to a fine of up to ten thousand dollars (\$10,000) or imprisonment for up to ten (10) years, or both under federal laws.**

**I certify under penalty of perjury that I am registered to vote, and that I am the person who is registered.**

\_\_\_\_\_  
Printed or Typed Name of Voter

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Voting Residence Address of Voter

\_\_\_\_\_  
Date of Birth of the Voter

\_\_\_\_\_  
City or Town, State and Zip Code

\_\_\_\_\_  
Signature of Bearer, Administrator, or Agent (if applicable)

**RETURN THIS APPLICATION TO YOUR COUNTY CLERK.**

**You may obtain your County Clerk's return address for your Absentee Ballot Application at the following link:**

<https://www.sos.arkansas.gov/uploads/elections/countyclerksforwebsite.pdf>