## ARKANSAS APPLICATION FOR ABSENTEE BALLOT

Revised 08/2023	DATE:
	REGISTRANT ID:
TO COUNTY CLERK:	PRECINCT:

### Information and Tips for Completing the Absentee Ballot Application

- Complete both pages of the application.
- Complete all fields, then sign and date the application. Failure to do so will result in delays in receiving your absentee ballot.
- Read all notes and acknowledgments included on the application.
- Double check all selections and information provided before submitting your application.
- If applicable, ensure the designated bearer, administrator, or authorized agent has signed the application in Section 5.
- UOCAVA: The Uniformed and Overseas Citizen Absentee Voting Act. UOCAVA voters are U.S. citizens who are active duty military personnel, their eligible family members, and overseas citizens away from their normal polling location.
- Return your application to your county clerk via mail, fax, email, or hand delivery.
- If you have questions on how to complete this application, please contact your local county clerk's office.

#### COMPLETE ALL 6 SECTIONS OF THE APPLICATION

#### SECTION 1: PLEASE SELECT A REASON FOR REQUESTING AN ABSENTEE BALLOT:

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 an illness or physical disability, OR

I am a resident of a long-term care or residential facility licensed by the state, OR

I will be unable to attend the polls on Election Day due to an observance of a religious discipline or religious holiday.

# SECTION 2: PLEASE SELECT FROM THE FOLLOWING OPTIONS CONCERNING YOUR RESIDENCE: I currently reside within the county in which I am registered to vote. I currently reside outside of the county in which I am registered to vote. I am a United States citizen residing outside of the territorial limits of the United States (UOCAVA). I am an active service member of the United States armed services residing outside of the county (UOCAVA). I am a spouse or dependent of an active service member of the United States armed services (UOCAVA). SECTION 3: PLEASE SELECT THE ELECTION IN WHICH YOU WISH TO CAST AN ABSENTEE BALLOT: Preferential Primary/Nonpartisan Judicial General (held in the spring of even-numbered years). Party Preference (Check Only One): **Democratic** (Ballot will contain democratic, nonpartisan judicial, and special/school races, if applicable). Republican (Ballot will contain republican, nonpartisan judicial, and special/school races, if applicable). Nonpartisan (Ballot will contain only nonpartisan judicial, and special/school races, if applicable). November General Election/Nonpartisan Judicial Runoff. Annual School Election. Special Election to be held on \_\_\_\_\_ (Date).

#### You may qualify for:

- All elections for **one calendar year** (i.e., today's date through December 31<sup>st</sup> of the current year).
  - In order to qualify for this option, you must be a voter with a disability, in a long-term or residential care facility, or living outside of the county in which you are registered to vote.
- All elections through the next Federal General Election Cycle.
  - In order to qualify for this option, you must be a UOCAVA voter (See Section 2 on front page).

FOR OFFICE USE ONLY

SECTION 4: PLEASE SELECT HOW YOU WISH TO	RECEIVE YOUR BALLOT:	FOR OFFICE USE ONLY	
☐ I will pick up my ballot from the office of the county clerk.		DATE:	
<ul><li>Email (<u>Only</u> available for UOCAVA voters).</li><li>Email address:</li></ul>		REGISTRANT ID:	
☐ Mail. Please send my ballot to the following a	ddress:	PRECINCT:	
☐ Picked up via Designated Bearer, Administrate	or, or Authorized Agent:		
Printed Name of Bearer/Administrator/Agent	Signature of Bearer	/Administrator/Agent	
<b>Note:</b> A designated bearer may obtain or deliver ab within the 15 days before a school election, special a runoff election. A bearer, administrator, or authomust sign the register, under oath, when picking up	election, preferential primary election, prized agent must provide a current and	or general election OR the 7 days before	
I, the applicant, filled out this Application for Absoassistance.  I, the applicant, received assistance in filling out the If <u>YES</u> , the person giving assistance must complete	entee Ballot on my own with no	IN COMPLETING THIS APPLICATION:	
Printed Name of Person Giving Assistance	Signature of Person C	iiving Assistance	
Residential Address of Person Giving Assistance			
SECTION 6: PLEASE COMPLETE ALL INFORMATION The information I have provided is true to the best of my known perjury and subject to a fine of up to ten thousand dollars (\$10 penalty of perjury that I am registered to vote, and that I am to	owledge under penalty of perjury. If I l 0,000) or imprisonment for up to ten (1	nave provided false information, I may be guilty of	
Printed Name of Absentee Voter	Date of Birth of Absentee V	oter	
Residential Address of Absentee Voter	Phone Number of Absentee	Voter	
City, State, and Zip Code	Signature of Absentee Vote	r	

**Email Address of Absentee Voter**