

**APPLICATION FOR ABSENTEE BALLOT BY MAIL For Election on 11/5/2024****(ABS-MAIL)**

State Form 47090 (R36 / 11-23)

Indiana Election Division (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-24)

To vote an absentee ballot by mail, **complete this form and submit it to your county election board or the Indiana Election Division not later than 11:59 p.m. (local prevailing time), April 25, 2024 for the May 7, 2024 Primary Election or 11:59 p.m. (local prevailing time), October 24, 2024 for the November 5, 2024 General Election.** THIS APPLICATION CAN BE MAILED, E-MAILED, FAXED, OR HAND-DELIVERED.

CONTACT INFORMATION: Indiana Election Division

302 West Washington Street, Room E-204, Indianapolis, IN 46204

Visit www.IndianaVoters.IN.gov for county contact informationoffice: (317) 232-3939 fax: (317) 233-6793 email: elections@iec.IN.gov**1. ABSENTEE BALLOT APPLICANT'S VOTER REGISTRATION INFORMATION**

Name (Please print.) AMY JIAO WANG		Former Name		
Registration Address (number and street; no PO Boxes) 986 MARWYCK ST		City/Town WEST LAFAYETTE	State IN	Zip Code 47906-7233
Date of Birth 7/16/2005	Indiana County of Residence: Tippecanoe	Telephone Number (Optional, if not filing online) 765-491-4266	E-mail Address (Optional, if not filing online) AMYJIAOWANG@GMAIL.COM	

2. ABSENTEE BALLOT MAILING ADDRESS (if different from registration address)

Mailing Address (number and street or P.O. Box number) 107 ROBERT PURCELL CORNELL, 341D TONI MORRISON HALL, AJW289	City/Town ITHACA	State NY	Zip Code 14853	Country
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3. VOTER IDENTIFICATION (YOU MUST COMPLETE OPTION 1 OR OPTION 2)

<input type="checkbox"/> Option 1: Please provide your Indiana driver's license number or Indiana identification card number OR the unique identification number on your registration record OR the last four digits of your social security number (SSN). Your application may be delayed if the county election board cannot match at least one of these numbers with your voter registration record.		
IN Driver's License or IN Identification Card Number 9370793225	Unique Voter ID Number from Voter Registration	Last 4 Digits of SSN 3508
<input type="checkbox"/> Option 2: Please enclose a <u>photocopy</u> of your valid Indiana driver's license, Indiana identification card, or other proof of identification that complies with the state's photo ID law (IC 3-5-2-40.5). Your application may be delayed if you do not provide a copy of your photo ID with your application. More information about accepted forms of voter IDs can be found online at www.in.gov/sos/elections/voter-information/photo-id-law		

4. MAY PRIMARY ELECTION ONLY

Under state law, you must request a major political party ballot to vote in the primary election. You may vote on a public question without voting a political party ballot if a referendum (public question) is held on the same day as the primary. I am applying for the ballot of the political party, a majority of whose candidates I voted for at the last general election, or whom I intend to vote for in the next general election (*check one box*):

☐ **DEMOCRATIC PARTY** ☐ **REPUBLICAN PARTY** OR I do not wish to vote in a party's primary and choose a ☐ **PUBLIC QUESTION ONLY**

5. REASON TO VOTE ABSENTEE BALLOT BY MAIL (YOU MUST SELECT ONE)

<input checked="" type="checkbox"/> I have a specific, reasonable expectation of being absent from the county on election day during the entire twelve (12) hours that the polls are open.	<input type="checkbox"/> I will be confined to my residence, a health care facility, or a hospital due to illness or injury during the entire twelve (12) hours that the polls are open.
<input type="checkbox"/> I will be caring for an individual confined to a private residence due to illness or injury during the entire twelve (12) hours that the polls are open.	<input type="checkbox"/> I am scheduled to work at my regular place of employment during the entire twelve (12) hours that the polls are open.
<input type="checkbox"/> I am a voter at least sixty-five (65) years of age.	<input type="checkbox"/> I will have official election duties outside of my voting precinct.
<input type="checkbox"/> I am a voter with disabilities. NOTE: If you are unable to mark the ballot or sign the ballot security envelope, you must contact the county election board.	<input type="checkbox"/> I am a "serious sex offender" (as defined in IC 35-42-4-14(a))
<input type="checkbox"/> I am a voter eligible to vote under the "fail-safe" procedures in IC 3-10-11 or 3-10-12 and have enclosed the VRG 4/12, if applicable.	<input type="checkbox"/> I am prevented from voting due to the unavailability of transportation to the polls.
<input type="checkbox"/> I am a member of the Indiana National Guard deployed or on assignment in Indiana or a public safety officer. NOTE: Military and overseas voters should use the Federal Post Card Application (FPCA), if eligible	<input type="checkbox"/> I am unable to vote at the polls in person due to observance of a religious discipline or religious holiday during the entire twelve (12) hours the polls are open.

6. VOTER'S AFFIRMATION & SIGNATURE

I swear or affirm under the penalties of perjury that all information set forth on this application is true to the best of my knowledge and belief. Perjury is punishable by imprisonment for up to 2½ years, a fine of up to \$10,000, or both. I understand the information provided in section 3 is confidential. I am authorizing changes to my voter registration record if my name has changed in section 1 or to add a voter ID number provided in section 3.

SIGNATURE OF VOTER > (or person designated to sign by a voter with disabilities who is unable to sign, please print voter's name and complete affidavit in section 7)	Date signed 8/6/2024 4:19:53 PM ET
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If you receive this completed application from the voter, you must file it with the county election board or Indiana Election Division not later than noon, 10 days after receiving it OR the absentee deadline, whichever comes first. >> Date Received

7. AFFIDAVIT OF ASSISTANCE TO BE COMPLETED BY INDIVIDUAL ASSISTING ABSENTEE BALLOT APPLICANT ON SECTIONS 2 - 6

Name	Date Assistance Provided	Phone Number (day)	Phone Number (night)
Registration Address (number and street, city, state, zip)		Mailing Address (number and street, or PO B0x number, city, state, zip)	
I swear or affirm under penalties of perjury that I am not the employer of this voter, an officer of the voter's union, or an agent of the employer or union of this voter and have no knowledge or reason to believe that the individual submitting the application: (1) is ineligible to vote or to cast an absentee ballot; or (2) did not properly complete and sign the application.		Signature of Person Assisting Voter with Application X	Date signed
FOR OFFICE USE ONLY	Date Received	Approved? Yes No	Additional Residency Documentation Required? ___Yes ___X_No Voter's Precinct WABASH 09 1