



OKLAHOMA

Absentee Ballot Application Information

Oklahoma State Election Board
PO Box 53156
Oklahoma City, OK 73152
Phone: 405-521-2391
www.elections.ok.gov

WARNING

TITLE 26 OF THE OKLAHOMA STATUTES provides that any person shall be deemed guilty of a felony who knowingly executes a false application for an absentee ballot. **Any person deemed guilty of a felony under the provisions of TITLE 26** shall, upon conviction, be confined to the State Penitentiary for not more than five (5) years, or fined not more than Fifty Thousand Dollars (\$50,000), or both.

GENERAL INSTRUCTIONS

- ➔ Applications are valid for up to one calendar year.
- ➔ This application must be signed and dated in box 7.
- ➔ Contact the County Election Board in the county where you are registered to vote for assistance with this form or visit the State Election Board website (listed above) for more information.

BOX 3 – ADDRESS OF REGISTRATION

Provide the address of your residence where you are registered to vote in box 3.

- ➔ If you have a street address or a 911 address, this is your residence address.
- ➔ A rural route or a post office box is NOT an address of residence.
- ➔ If you do not have a street address or a 911 address, you may write directions to your home or provide the legal description (section, township, range) of your home.

BOX 6 – INDEPENDENT (NO PARTY) VOTERS

- ➔ The Democratic Party in Oklahoma currently allows Independent voters to vote in Primary and Runoff Primary Elections. No other recognized party in Oklahoma allows Independents to vote in its Primary and Runoff Primary Elections. If you want to receive a Democratic ballot for Primaries and Runoff Primaries, enter the party name in the space provided.

DELIVERY INSTRUCTIONS

- ➔ All applications for absentee ballots must be received by the County Election Board in the county where you are registered to vote no later than 5 p.m. on the Wednesday before an election. A postmark on that date will not suffice.
- ➔ This application may be submitted by mail, e-mail, or fax, or it may be delivered personally by the applicant to the County Election Board office. **EXCEPTION:** A voter confined to a nursing home or veteran center, a physically incapacitated voter, or a voter charged with the care of a physically incapacitated person may choose an agent to deliver the application form to the County Election Board.

AGENT FOR PHYSICALLY INCAPACITATED VOTER: COMPLETE THIS SECTION IN THE COUNTY ELECTION BOARD OFFICE

The voter who signed this form chose me to deliver it to the County Election Board. I am at least 16 years of age. I am not employed by nor related within the third degree by blood or marriage to any person whose name is on the ballot. I am not the agent for another person for this election.

Agent's Signature: _____ Agent's Printed Name: _____

Oklahoma Absentee Ballot Application (instructions on reverse side)

**IT IS A FELONY TO KNOWINGLY EXECUTE A FALSE OR FRAUDULENT APPLICATION FOR
ABSENTEE BALLOTS. 26 O.S. § 16 102.2**

All Voters - Which of these are you? Check one box, then proceed as directed:

If you are a Uniformed Services member, spouse, dependent, or Overseas Citizen, DO NOT COMPLETE THIS FORM. Instead, go to <http://www.fvap.gov/> to download and complete the Federal Post Card Application (FPCA).

1 ☐ I want to vote by absentee ballot. Complete boxes 2,3,5,6,7.

Check one of these **ONLY** if it applies to you:

☐ If you are physically incapacitated, or a caregiver to someone who is, complete boxes 2 through 7.

☐ If you are confined to a nursing home or veteran center, complete boxes 2,3,4,6,7.

All Voters - Please check one of the following boxes:

2 ☐ I request absentee ballots for all elections in which I am eligible to participate for the calendar year: _____

☐ I request absentee ballots only for the election date or dates indicated here: _____

All Voters - Please provide the following voter information (See instructions on reverse side):

3	Print or type name as registered to vote	Date of Birth	Daytime Phone (optional)		E-mail Address (optional)	
	Address of Registration (see instructions)	City	State	Zip	County	

Physically Incapacitated/Caregivers/Nursing Home/Veteran Center Voters Please check one of these boxes:

4 ☐ I am confined to a nursing home or a veteran center in the county where I am registered to vote. Deliver my ballot to me at the nursing home or veteran center named here: _____

☐ I am physically incapacitated and want my ballot mailed to me. Complete box 5.

☐ I am the caregiver for an incapacitated person who cannot be left unattended. I want my ballot mailed to me. Complete box 5.

If you checked one of the boxes above, you may designate an agent to deliver this application to the County Election Board on your behalf. My agent's name is: _____

Please provide the following:

5	Mail my absentee ballot to this address		
	City	State	Zip

Registered Independent (No Party) Voters ONLY (See instructions on reverse side):

6 ☐ The **Democratic Party** currently allows Independents to vote in Primary and Runoff Primary Elections. No other recognized party in Oklahoma allows Independents to vote in its Primary and Runoff Primary Elections. To receive Primary and Runoff Primary ballots for the above-named party, enter the name of the party in this space. _____

All Voters - Oath and Signature:

7	By signing my name and submitting this application, I swear that I am eligible to receive absentee ballots and that all information provided on this form is true and correct.	COUNTY ELECTION BOARD ONLY
	Voter's Signature _____ Date _____	

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