Application for Mail Absentee Ballot

Please Print Clearly and Fill Out Completely

Your Name: _____ Date of Birth _____

Address Where You Live: _____ Zip Code: _____

Where We Should Send Ballot (if different) _____

_____Zip Code: _____

YOUR REASON FOR REQUESTING THE ABSENTEE BALLOT (Title 3 DCMR § 715.2):

☐ Temporarily outside the District of Columbia ☐ Physical Handicap or Disability

☐ Will be hospitalized on election day ☐ Incarcerated but not on a felony conviction

☐ Uniformed or Overseas citizen ☐ Temporary or Permanent Illness

☐ Board employee ☐ Sequestered for Jury Duty

☐ Confined to an institution but not judicially declared incompetent ☐ Religious reasons

Mark all elections for which you need an Absentee Ballot

☐Presidential Primary ☐September Primary ☐November General ☐Special

WARNING**: Any person who is convicted of violating the absentee ballot law is subject to a fine of up to $10,000, to imprisonment for up to 5 years, or both (D.C. Official Code § 1-1001.14).**

Your Signature: _____
 (You must sign here to receive a ballot.) If you are unable to sign, you must make a mark and complete the other side of this application.

Your application must be <u>received</u> at least 7 days before the election.

Mail to: DC BOARD OF ELECTIONS AND ETHICS
441 – 4th STREET, NW, SUITE 250N - WASHINGTON, DC 20001

VG_ABS2008

REQUEST FOR ABSENTEE BALLOT BY PHYSICALLY DISABLED VOTER

I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of illness or physical disability or because I am unable to read. I have made, or received assistance in making, my mark in lieu of my signature.

(Date) _____ _____ (Mark)

_____
(Printed Name of Voter)

I, the undersigned, hereby certify that the above named voter affixed his or her name to this application in my presence and I know him or her to be the person who affixed their mark to the application and understand that this statement will be accepted for the purposes as the equivalent of an affidavit and if it contains the material false statement, shall subject me to the same penalties as if I had been duly sworn.

_____
(Signature of Witness)

_____
(Printed Name of Witness)

_____
(Address of Witness)