North Carolina Absentee Ballot Request Form
November 3, 2020
Read instructions before completing this form.

IREDELL County Board of Elections
203 Stockton St. Statesville, NC 28677
bgalliher@co.iredell.nc.us
704-878-3140 (phone) 704-832-2312 (fax)

Voter Information Required	**1**	Last Name _____ First Name _____ Middle Name _____ Suffix (Jr, Sr, II, III, IV) _____ Former Name (If name has changed) _____
Voter Identification Required	**2**	Date of Birth _____ **ALSO**: **Either** NC Driver's License/NC DMV ID Number _____ **Or** Last four digits of voter's Social Security number _____
Your NC Residential Address Required	**3**	If you have lived at this address less than 30 days, when did you move here? (MM/DD/YYYY) _____ Street _____ City _____ State NC Zip Code _____ County _____ If you do not receive mail at this address, provide your full mailing address: Mailing Address _____
Where do you want your ballot mailed?	**4**	If you leave this section blank, your ballot will be sent to your mailing address, or if none is listed, to your residential address above. Street _____ City _____ State _____ Zip Code _____
Contact Information	**5**	We will use your contact information if we have a question about this request. Phone _____ Email _____
Requesting an absentee ballot for a relative? **If yes, provide the information required**	**6**	If you are a voter's near relative or legal guardian and are requesting an absentee ballot for that voter, provide your name, address and relationship to the voter (see instructions). Also, you must sign in Section 9 below. Near relative or Legal Guardian's name (print) _____ Relationship to Voter _____ Address _____ City _____ State ___ Zip Code _____
Are you helping a voter complete this form? **If yes, you are required by law to complete this section.**	**7**	Complete this section if you are assisting a voter who is blind, disabled, or unable to read or write, but are not a near relative or legal guardian. The voter must sign or make their mark. (If a MAT assisted, complete this section.) Assistant's full name (print below): _____ Assistant's address: _____ *If the voter is a patient in a hospital, clinic, nursing home or rest home and the voter needs assistance with voting and returning the ballot, provide the name and address of the hospital or facility here:* _____
If you are Military and/or Overseas (UOCAVA)	**8**	☐ Member of the Uniformed Services or Merchant Marine on active duty or eligible spouse/ dependent ☐ U.S. citizen outside the United States Address where you are stationed or living overseas: _____ I would like my ballot delivered to my: ☐ Email or Online _____ ☐ Mailing address _____ ☐ Fax number: _____
Signature Required	**9**	**Voter sign and date here** X _____ Date _____ Near relative or Legal Guardian (if applicable) sign and date here x _____ Date _____
Continued Request	**10**	☐ Check if you would like to request absentee ballots for other possible elections in 2020 due to your continued or expected illness or disability.

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

North Carolina Absentee Ballot Request Form Instructions

Your county board of elections must receive the completed and signed absentee request form by **5:00 p.m. on Tuesday October 27, 2020.**	The form may be returned by the voter, the voter's near relative or verifiable legal guardian, or a Multipartisan Assistance Team: ▪ In-person to the county board of elections; ▪ By U.S. Postal Service, DHL, FedEx, or UPS; or ▪ By email or fax.

1	The name you give on this form will be used to update your voter record.
2	You must provide your **date of birth AND** one of the following as a form of identification: ▪ North Carolina driver license number or NC DMV issued identification card number ▪ Last four digits of your Social Security number
3	You will receive a ballot based on where you will have resided for 30 or more days before Election Day. If you are temporarily living away or displaced from the residence where you are registered to vote and you intend to return later, then you are not considered to have lost your place of residence; it can remain your residential address for voting. However, if you have abandoned your place of residence and intend to stay at your new address indefinitely, then you should register at your new residential address. Be sure to include the address where you want your ballot sent in Section 4 if you will be away from your residential or mailing address. **If you have moved within your county, you may use this form to update your residential address and/or your mailing address.**
4	If you do not complete this section, your ballot will be sent to your mailing address. If no mailing address is listed, it will be sent to your residential address. If you want the ballot sent to your mailing address, please provide the address even if you think we have it in your voter record.
5	Please provide the information for the voter, and if you are a near relative or legal guardian requesting on behalf of the voter, please provide your information too.
6	A near relative or legal guardian may request a ballot on behalf of the voter. A near relative is the voter's: spouse, parent, grandparent, mother-in-law brother, child, grandchild, father-in-law sister, stepchild, stepparent, son/daughter-in-law

7	Voters are only entitled to assistance from their near relative, verifiable legal guardian, or a member of a Multipartisan Assistance Team (MAT) authorized by the county board of elections. Contact the county board of elections to request a MAT.
	Assistance for voters who are blind, disabled, or unable to read or write
	If a voter cannot complete the absentee request form due to blindness, disability, or inability to read or write, they may receive assistance from a near relative or legal guardian. If a near relative or legal guardian is not available, someone else can give assistance. That person must provide their name and address in Section 7.
	Assistance for voters who are patients in a hospital, clinic, nursing home, or adult care home ("facility")
	If a voter is a patient in a facility in North Carolina, a member of a Multipartisan Assistance Team (MAT) can assist the voter.
	▪ It is unlawful for any owner, manager, director or employees of the facility other than the voter's near relative, verifiable legal guardian, or member of a MAT to request an absentee ballot on behalf of a voter.
	▪ If neither the voter's near relative or verifiable legal guardian is available, and a MAT is not available within 7 calendar days of a request, the voter may obtain assistance from anyone who is not:
	  ▪ An owner, manager, director, or employee of the facility
	  ▪ An elected official, a candidate, or an officeholder in a political party
	  ▪ A campaign manager or treasurer for a candidate or political party

8	Complete this section if you claim North Carolina as your voting residence and are: 1. A member of the active or reserve components of the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States who is on active duty; 2. A member of the Merchant Marine, the commissioned corps of the Public Health Service, or the commissioned corps of the National Oceanic and Atmospheric Administration of the United States; 3. A member of the National Guard or State militia unit who is on activated status; 4. A spouse or dependent of a member referred to in #1-3; 5. A U.S. citizen currently outside of the United States.
9	**This form <u>must</u> be signed by either the voter or the voter's near relative, or legal guardian.** **A typed signature is not allowed.**
10	Check the box if you would like to request absentee ballots for other possible elections in 2020 due to your continued or expected illness or disability.