APPLICATION FOR ABSENTEE BALLOT BY MAIL ONLY IN 2015 For Election on 05/03/2015

State Form 47090 (R16 / 11-14) Indiana Election Commission (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-24)

(ABS-MAIL)

INSTRUCTIONS: Complete and return application so it is received by county election board at least 8 days before election day. DEADLINES: For May 5, 2015 Municipal Primary Election, deadline for county to RECEIVE is APRIL 27, 2015 by 11:59 p.m. For November 3, 2015 Municipal Election, deadline for county to RECEIVE is OCTOBER 26, 2015 by 11:59 p.m. CAN BE MAILED, FAXED, OR HAND-DELIVERED. DO NOT EMAIL THIS FORM. If you receive this completed application from a voter, you must file the completed application with the county or Indiana Election Division by noon, 10 days after receiving it or by the absentee deadline, whichever comes first. You must provide the date you received the completed application in box 5.

County of residence:

1. INFORMATION OF ABSENTEE BALLOT APPLICANT

<table>
<thead>
<tr>
<th>Name (please print)</th>
<th>Date of Birth (mm/dd/yy)</th>
<th>Last Four Digits of Social Security Number (Completing this box is optional)</th>
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<td>____________________________ OR ☐ I do not have a Social Security Number.</td>
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Change of Name (if you changed your name since you registered to vote, please print your FORMER NAME to authorize an update to your voter registration):

Registration Address (number and street) | City/Town, State, ZIP Code | Telephone Number (Optional) |
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Mailing Address (number and street) | City/Town, State, ZIP Code |
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2. ABSENTEE BALLOT MAILING ADDRESS (Please mail the absentee ballot for the election to me at this address if different from registration address.)

3. PRIMARY ELECTION ONLY

Under state law, you must request a major political party ballot to vote in a 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 apply 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:

☐ DEMOCRATIC PARTY ☐ REPUBLICAN PARTY

□ I have a specific, reasonable expectation of being absent from the county on election day during the entire 12 hours that the polls are open.

□ I will be confined to my residence, a health care facility, or a hospital due to illness or injury during the entire 12 hours that the polls are open.

□ I will be caring for an individual confined to a private residence due to illness or injury during the entire 12 hours that the polls are open.

□ 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 to process your application.

□ I am a voter eligible to vote under the “fail-safe” procedures in IC 3-10-11 or 3-10-12.

□ I am a member of the military or a public safety officer.

4. REASON TO VOTE ABSENTEE BALLOT BY MAIL

Contact your county election board if you wish to vote by absentee ballot in person at the county or before a traveling board; you want your power of attorney to apply for you; or are in Attorney General Confidentiality Program.

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 2 ½ years, a fine of up to $10,000, or both.

Signature of voter (or person designated by election board to sign for a disabled voter) Date signed (month, day, year) __________________________ / __________________________ / __________

X

5. IF YOU RECEIVED THIS COMPLETED APPLICATION FROM THE VOTER, PUT THE DATE IT WAS RECEIVED: ______________ / ______________ / ______________, 20_____.

6. INFORMATION OF INDIVIDUAL ASSISTING ABSENTEE BALLOT APPLICANT

Signature of Person Assisting Voter with Application Date signed (month, day, year) __________________________ / __________________________ / __________

X

FOR OFFICE USE ONLY

Date _______ / _______ / _______

Precinct: ☐ Is applicant required to provide additional documentation to the county voter registration office but has not yet done so? ☐ Yes ☐ No
Indiana County Offices

Complete and sign this absentee ballot application and mail it to the county where you are registered to vote or to the Indiana Election Division.