



# APPLICATION FOR ABSENTEE BALLOT IN-PERSON ONLY

## (ABS-IN PERSON)

for Election on \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

State Form 42106 (R5 / 11-23); Indiana Election Division (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-26; 3-11-10-26.3)

**CONTACT INFORMATION: Indiana Election Division** Visit [www.IndianaVoters.IN.gov](http://www.IndianaVoters.IN.gov) for county contact information  
 302 West Washington Street, Room E-204, Indianapolis, IN 46204 office: (317) 232-3939 fax: (317) 233-6793 email: elections@iec.IN.gov

**INSTRUCTIONS FOR VOTER:** This application is used for in-person absentee early voting at a circuit court clerk's office (or satellite office), or the board of elections and registration office, if the county is not using electronic poll books as a substitute for this form during early voting.

**The voter (or person designated by a voter with disabilities who is unable to sign) must SIGN the application below.** If you are applying as the voter's attorney in fact, a copy of the power of attorney must be attached to this application. Some voters who have registered for the first time in Indiana, and did so by mail, are required to provide additional residence documents. The county election board can tell you if this applies to you.

**Early voting ends at noon (local prevailing time), the day before election day.** Contact your county election board for early voting dates, times, and locations.

### 1. ABSENTEE BALLOT APPLICANT'S VOTER REGISTRATION INFORMATION

<b>Name</b> (please print)		<b>Former Name</b>		
<b>Registration Address</b> (number and street; no PO Boxes)			<b>City/Town</b>	<b>State</b>
<b>Zip Code</b>	<b>Date of Birth</b>	<b>Phone Number</b> (Optional, if not filing online)	<b>E-mail Address</b> (Optional, if not filing online)	

### 2. VOTER IDENTIFICATION (YOU MUST COMPLETE OPTION 1 OR 2 UNLESS YOUR COUNTY USES AN ELECTRONIC POLLBOOK DURING EARLY VOTING)

**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.

<b>IN Driver's License or IN Identification Card Number</b>	<b>Unique Voter ID Number from Voter Registration</b>	<b>Last 4 Digits of SSN</b>
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**Option 2:** Please enclose a photocopy 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](http://www.in.gov/sos/elections/voter-information/photo-id-law)

### 3. MAY 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 on a political party ballot if a referendum (public question) is held on the same day as the primary election. **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:**

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

### 4. 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 2 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 2.

<b>SIGNATURE OF VOTER &gt;</b> (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 5)	<b>Date signed</b>
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### 5. AFFIDAVIT OF ASSISTANCE TO BE COMPLETED BY INDIVIDUAL ASSISTING ABSENTEE BALLOT APPLICANT ON SECTIONS 2-4

<b>Name</b>	<b>Date Assistance Provided</b>	<b>Phone Number (day)</b>	<b>Phone Number (night)</b>
<b>Registration Address</b> (number, street, city, state, zip)		<b>Mailing Address</b> (number and street, or PO Box 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.		<b>Signature of Person Assisting Voter with Application</b>	<b>Date signed</b>
<b>FOR OFFICE USE ONLY</b>	Date Received	Approved? Yes No	Additional Residency Documentation Required? Yes No
			Voter's Precinct