Reset Form

ABSENTEE BALLOT SECURITY ENVELOPE (ABS-16)

FOR MAILING BALLOTS
FROM MILITARY AND OVERSEAS VOTERS
State Form 51625 (R2 / 7-14)
Indiana Election Commission (IC 3-11-4-21)

TO THE VOTER

READ CAREFULLY AND FOLLOW THE INSTRUCTIONS BELOW

STATE OF INDIANA
COUNTY OF _____

☐ PRIMARY ☐ GENERAL ☐ MUNICIPAL ☐ SPECIAL ELECTION
to be held on _____ *(Insert date of election)*

I, *(Attach voter address label here or print voter name and address below)*

Swear or affirm, under the penalty of perjury, that I am:

1. A member of the Uniformed Services or merchant marine on active duty; or an eligible spouse or dependent of such a member; or a U.S. citizen temporarily residing outside the U.S.; or Other U.S. citizen residing outside the U.S.; and
2. I am a U.S. citizen, at least 18 years of age (or will be by the date of the election), and I am eligible to vote in the requested jurisdiction; and
3. I have not been convicted of a felony and imprisoned following conviction, or other disqualifying offense, or, if so, my voting rights have been reinstated; and
4. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., except the jurisdiction cited in this voting form.

In voting, I have marked and sealed my ballot in private and have not allowed any person to observe the marking of the ballot, except for those authorized to assist voters under State or Federal law.
I have not been coerced or improperly influenced in any manner prohibited by law.
My signature and date below indicated when I completed this document.
The information on this form is true, accurate, and complete to the best of my knowledge.
I understand that a material misstatement of fact in completion of this document may constitute grounds for a conviction for perjury.

Signature of voter	Date signed *(mm/dd/yy)*
	_____/_____/_____

Complete only if an individual assisted the voter in completing this affidavit.
As the individual assisting the voter, I affirm under penalty of perjury that the voter was not coerced or improperly influenced by me or any other person, in a manner prohibited by state or federal law, to cast the ballot for or against any candidate, political party, or public question.

Signature of individual	Date signed *(mm/dd/yy)*
	_____/_____/_____

DO NOT COMPLETE THE PORTION BELOW <u>UNLESS</u> YOU ARE THE ATTORNEY IN FACT FOR THE VOTER

(A COPY OF THE POWER OF ATTORNEY MUST BE ENCLOSED IN THIS ENVELOPE.)

I, _____, as the properly authorized
(Printed Name of Attorney in Fact)

attorney in fact for the undersigned under IC 30-5-5-14, affirm the voter personally marked the enclosed ballot in secret and has enclosed it in this envelope and sealed it without exhibiting it to any other person.

Signature of Attorney in Fact	Date signed *(mm/dd/yy)*
	_____/_____/_____

WARNING: The individuals completing the affidavits above are affirming under the penalty of perjury. A person who makes a false, material statement under oath or affirmation, knowing the statement to be false or not believing it to be true commits perjury, a Level 6 felony, which is punishable by imprisonment for a term of up to two and one-half years, a fine of up to $10,000 or both. (Indiana Code 35-44.1-2-1)

WARNING: Only a member of the voter's household, an employee of the United States Postal Service or an employee of a bonded courier company, or the individual designated as attorney in fact for the voter, may receive a ballot prepared by the voter for voting. If any other person receives from a voter a ballot prepared by a voter for voting, the person commits a Level 6 felony. (Indiana Code 3-14-2-16)

TO THE INSPECTOR: Open this envelope carefully. Do not deface or destroy affidavit or envelope. Take out the ballot enclosed, without unfolding or permitting the ballot to be unfolded or examined.

_____

_____

_____

PLACE
FIRST
CLASS
POSTAGE
HERE

THE COUNTY ELECTION BOARD

OF _____ COUNTY

CARE OF THE CLERK OF THE CIRCUIT COURT

IN