



**AFFIDAVIT OF A PUBLIC SAFETY OFFICER OR
MEMBER OF THE MILITARY RETURNING TO THE
POLLS TO VOTE AFTER RESPONDING TO AN EMERGENCY**
State Form 54510 (11-10)
Indiana Election Commission (IC 3-11-8-25.7)

(PRE-19)

INSTRUCTIONS: If a voter who is a public safety officer or a member of the military (1) signs the voter's name and writes the voter's address or confirms that the voter's address is unchanged on the poll list; (2) then leaves the polls without casting a ballot or after casting a provisional ballot; and (3) returns to the polls to cast a ballot, the voter shall be permitted to vote upon completing the following affidavit.

STATE OF INDIANA)
) SS:
COUNTY OF _____)

I, the undersigned, state the following:

1. that my name is _____.
2. that I am a member of the military or public safety officer.
3. that the military or public safety position I hold is the following (*circle the applicable position*): a member of a fire department, an emergency medical provider, a member of a police department, a correctional officer, a state police officer, a county police office, a police reserve officer, a county sheriff, a deputy sheriff, an excise police officer, a conservation enforcement officer, a town marshal, a deputy town marshal, a postsecondary educational institution police officer, a probation officer, a paramedic, a volunteer firefighter, an emergency medical technician or paramedic working in a volunteer capacity, a member of the armed forces of the United States, a member of the Indiana Air National Guard, a member of the Indiana Army National Guard, a member of a state or local emergency management agency, or a member of a consolidated law enforcement department.
4. that after I signed the poll list, but before I voted, I was called to respond to an emergency in my capacity as a member of the military or public safety officer.
5. that the following is a brief description of the emergency to which I responded: _____
6. that I returned to the polls at the following time: _____ a.m./p.m. (*insert the hour and circle the applicable time*)

AFFIDAVIT OF VOTER

I swear (*or affirm*) that the foregoing statements are true, to the best of my knowledge and belief, and understand that making a false statement on this affidavit is punishable under the penalties of perjury.

Signature of Voter		Printed Name	
Precinct	Township or Ward		City or Town

STATE OF _____)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Official Administering Oath (*such as Inspector, Judge, Poll Clerk, or Sheriff of the Precinct*)

Printed Name and Title

My Commission expires (*insert day following election, unless Notary Public*): _____

County of Residence: _____