

Minnesota Absentee Ballot Application

Complete lines 1 through 8. Please print clearly.

Return this application as soon as possible. Ballots must be returned by election day to be counted.

Important: Active duty military and overseas voters should not use this application. See the other side for more information.

1.	reason for needing an absentee ballot <i>(if a reason is not marked a ballot cannot be sent)</i>			
	<input type="checkbox"/> absence from precinct	<input type="checkbox"/> religious discipline or observance of religious holiday		
	<input type="checkbox"/> illness or disability	<input type="checkbox"/> service as election judge in another precinct		
2.	absentee ballots requested for the following election(s) <i>(if no election is marked, a ballot will be mailed for the next election only)</i>			
	<input type="checkbox"/> February 25, 2014 Special Election			
3.	last name or surname	first name	middle name	suffix
4.	date of birth ____/____/____	county where you live	phone number ____-____-____	
	email address			
5.	mark all boxes that apply:			
	<input type="checkbox"/> I have a MN-issued driver's license or MN ID card number: _____			
	<input type="checkbox"/> I have a Social Security Number. The last four digits are: XXX-XX- ____			
	<input type="checkbox"/> I do not have a MN-issued Driver's License, MN-issued ID card or a Social Security Number			
	Your identification number will be compared to the one on your absentee ballot envelope.			
6.	address where you live (residence)		apt.	city
				MN
				zip code
7.	address where your absentee ballot should be sent		apt.	city
				state
				zip code
8.	I certify that I:			
	<ul style="list-style-type: none">• am completing this application on my own behalf;• will be at least 18 years old on election day;• am a citizen of the United States;• will have resided in Minnesota for 20 days immediately preceding election day;• maintain residence address at the address given on this application form;• am not under court-ordered guardianship in which the court order revokes my right to vote;• have not been found by a court to be legally incompetent to vote;• have the right to vote because, if I have been convicted of a felony, my felony sentence has expired (been completed) or I have been discharged from my sentence; and• have read and understand this statement: The above information is accurate, and I sign this application form under penalty of perjury, a felony punishable by not more than 5 years imprisonment, a fine of not more than \$10,000, or both.			
	sign here: X		date ____/____/____	

See other side for special instructions for voters with disabilities or power of attorney

official use only

Primary ➔	<input type="checkbox"/> reg <input type="checkbox"/> non-reg	received date	ballot issued date	initials	type	reason replaced	repl. date:	precinct
					M C HCF	<input type="checkbox"/> rejected <input type="checkbox"/> lost <input type="checkbox"/> spoiled <input type="checkbox"/> never received		
General ➔	<input type="checkbox"/> reg <input type="checkbox"/> non-reg	received date	ballot issued date	initials	type	reason replaced	repl. date:	school district
					M C HCF	<input type="checkbox"/> rejected <input type="checkbox"/> lost <input type="checkbox"/> spoiled <input type="checkbox"/> never received		