



# Application for Absentee Ballot

Including Request for Absentee Ballot  
due to Illness or Health Emergency

DATE:

### FOR FILING OFFICE ONLY

Voter ID # \_\_\_\_\_  
Precinct No. \_\_\_\_\_  
Ballot No. \_\_\_\_\_  
Issuing Official or Special Absentee Board \_\_\_\_\_  
 Ballot voted in office     Ballot picked up by voter  
 Ballot mailed to voter     Ballot picked up by third party  
 Ballot delivered by special absentee board (members sign above)

SUBMIT COMPLETED FORM NO SOONER THAN 75 DAYS BEFORE THE ELECTION AND NO LATER THAN NOON THE DAY BEFORE THE ELECTION.

Elector Name \_\_\_\_\_ Birthdate \_\_\_\_\_

County where registered \_\_\_\_\_ Phone: \_\_\_\_\_

Residence address in said County \_\_\_\_\_ Street/Other \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I hereby request an absentee ballot for the:

Primary     General     Municipal     Other \_\_\_\_\_ election to be held on \_\_\_\_\_, 2\_\_\_\_  
Month/Day Year

Address where ballot will be mailed: \_\_\_\_\_ Street/PO Box/Other \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**By signing below, I understand that I am officially requesting an absentee ballot. (Also sign affidavit at bottom of page if requesting due to illness or health emergency.)**

Signature of Elector \_\_\_\_\_ Date Signed \_\_\_\_\_

*Optional - Voter Information Pamphlet Request* (an electronic version of this pamphlet can be found at sos.mt.gov)  
 Please send current Voter Information Pamphlet, if applicable to this election

*Optional - Annual Absentee List* – By checking one of the boxes below, I understand that I will be mailed an absentee ballot for applicable elections that I am qualified to vote in, as long as I reside at the address listed above, and as long as I complete and return a confirmation notice mailed to me by the county election office each year in January.

**I UNDERSTAND I MUST COMPLETE AND RETURN AN ANNUAL ADDRESS CONFIRMATION NOTICE TO REMAIN ON THE ABSENTEE LIST.**

- All elections
- All federal elections only

*Optional - Designation of another person to pick up absentee ballot*

I, the elector who signed above, hereby designate \_\_\_\_\_ to pick up my absentee ballot.

*Optional - Receipt of absentee ballot by designee*

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I received the absentee ballot for the applicant named above.

Signature of designee \_\_\_\_\_ Date \_\_\_\_\_

### WHERE TO RETURN VOTED BALLOT

Return voted absentee ballots to your county election office no later than close of polls on election day, or to your polling place on election day.  
County election office address:

**GLACIER COUNTY ELECTIONS DEPT  
512 E. MAIN ST  
CUT BANK, MT. 59427**

### AFFIDAVIT OF ELECTOR (DUE TO ILLNESS OR HEALTH EMERGENCY)

*Optional:* I hereby declare that I am prevented from voting at the polls due to illness or health emergency occurring between 5:00 p.m. on the Friday preceding the election and noon on election day.

Signature of Elector and Date Signed \_\_\_\_\_

Ballots mailed to the county election office must be received no later than 8:00 p.m. on election day.