[STATE] Request for Mail-in Ballot

Print your name Use the name from your voter registration.	**1**	Last _____ First _____ Middle _____ Jr Sr II. III. IV (circle if applicable)
About you	**2**	Birth date (MM/DD/YYYY) _____ Last 4 digits of Social Security number XXX-XX-_____ [State] Driver's license (9 digits)_____ ☐ I do not have a [STATE] driver's license, [STATE] ID card, or a Social Security Number
The address where you're registered to vote. If you want your ballot mailed to another address, list that in section 4.	**3**	Street (no P.O. Box) _____ Apt. _____ City/Town _____ State _____ Zip code _____ County _____ I have lived at this address since (MM/YYYY) _____ *If rural address or homeless, describe residence _____
Where to mail my ballot	**4**	☐ Same as above **-OR-** Address or P.O. Box _____ City/Town _____ State _____ Zip code _____
Election Which election do you want a mail-in ballot for?	**5**	I am requesting a ballot for (check only one): ☐ All future elections (until I request otherwise in writing) **-OR-** the next: ☐ General or Special Election ☐ Primary
Contact info (optional) We'll only contact you if we have questions on this form.	**6**	Phone (with area code) _____ Email _____
Signature	**7**	I declare that I am eligible to vote by mail-in ballot at the forthcoming primary or election; that I am requesting the ballot of the party with which I am enrolled according to my voter registration record; and that all the information which I have listed on this mail-in ballot application is true and correct. Voter sign here X Date (MM/DD/YY) _____
If you received help with this form Complete only if you are unable to sign the declaration.	**8**	I received help completing **this form** due to a disability, blindness, or inability to read or write. Printed name of assistant _____ Date _____ Signature of assistant _____ Address of assistant_____

Office use only

Alternative version of Election section for if you must ask the date for the specific election.

Election Which election do you want a mail-in ballot?	**5**	I'm requesting a ballot for (check only one): ▭ All future elections (until I request otherwise in writing) -OR- the next: ▭ General or Special Election ▭ Democratic Primary ▭ Republican Primary Held on (MM/DD/YYYY) _____

If this form also serves as info change.

If you changed your name, registration, or address	**#**	I am registered under a former name and/or address. ▭ Yes ▭ No (skip this section) Former full name _____ Former address _____ City_____ State _____ Zip _____

If this form is also used for UOCAVA instead of having a separate form just for them.

If you are Military and/or Overseas (UOCAVA)	**#**	I am a military/ overseas voter or their spouse/dependent. ▭ Yes (see instructions) ▭ No (skip this section) UOCAVA voter code(s) from instructions on back _____ I would like my ballot delivered to my: ▭ Residence address ▭ Email address ▭ Mailing address ▭ Fax number: _____

Some states collect assistor info directly on their mail-in ballot return envelope. Add this section if you need to know if you need to send additional info/form for this purpose.

If you need voting assistance	**#**	I will need assistance completing **my ballot** due to a disability, blindness, or inability to read or write. ▭ Yes (an assistance form will be provided with your ballot) ▭ No

Use this if you have a similar service and instead of the "All future elections" in section 5. You can add it to Section 5 or insert as it's own row.

Annual mail-in request	**6**	If you would like to apply to receive mail-in ballots for the rest of this year and if you would like to automatically receive an annual application for mail-in ballots each year, select the box below. ▭ I would like to receive mail-in ballots this year and receive annual applications for mail-in ballots each year.

Blank row to use as a template

Section title Section helper text (if needed)	**#**	▭ Checkbox question Field _____

About this template:

- The basic structure is a table with a nested table.
- Text styles are set and adjustable using the styles pane. If you want to change the way something looks, best to do it by modifying an existing style so it automatically applies across everything.
- This is not a one-size-fits-all template. Our goal was to give you a starting point that you can customize to work with your policies and practices.
- We used the Word form checkbox and made style choices that should make it easier to turn this into a fillable pdf using Adobe Acrobat.
- Two quick tips:
  - Cut questions that aren't required or aren't really helpful.
  - Use words that your users will understand.
- We're always here to help!