## **State Absentee Ballot Request Form**

North Carolina FORSYTH COUNTY

Forsyth County Board of Elections 201 N Chestnut St Winston Salem, NC 27101

Phone: 336-703-2800 Fax: 336-727-2893

absentee@forsyth.cc

## **General Instructions**

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at <a href="https://www.fcvotes.com">www.fcvotes.com</a>. The deadline to register to vote is 25 days prior to the date of the election.

## **Completing the Form**

The voter's full name, residential address, date of birth and an identification number (see **Proof of Identification** below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form <u>must be</u> signed by the voter or the voter's near relative or qualified legal guardian.

## Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

## Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

## **Updating Voter Information**

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

#### **Proof of Identification**

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then a copy of one of the following must be provided along with this request:

- 1. A current and valid photo identification.
- 2. A document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

## **Ballot Availability**

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

### **Submitting the form**

Submit this form to the Forsyth County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

Address: Forsyth County Board of Elections

Absentee Dept
201 N Chestnut St
Winston Salam, NC 271

Winston Salem, NC 27101

Email: absentee@forsyth.cc Fax: 336-727-2893

This form may be mailed, faxed, emailed, or delivered in person. Visit www.fcvotes.com to check the status of your absentee request.



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## FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: on											
Election Type (Primary, Gen					eral, Municipal, Specia	, Special, etc.) Election Date					
Voter Information											
Last Name	First Name					Midd	lle Name		Suffix	Date of Birth	
Home Address (NC Residential Address.)					Mailing Address (If different than home address.)						
City State Zip Code				City				State	Zip Code		
Have you lived at this address for more than 30 days? ☐ Yes ☐ No					County of Residence Previous Name (if applicable)						
If "No," indicate the date of your move://											
You must provide at least one identification number below. (or see instructions)  NC License or ID Number  SSN  X X X - X X -					Voter Registration	egistration No. Phone (optional)			Email (optional)		
X X	Χ -	хх.	-								
Absentee Voting Information											
Absentee Mailing Address (Where should the ballot be mailed?)					City			State	te Zip Code		
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.  Democratic  Republican  Democratic  Non-partisan											
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot.  Yes No											
If "Yes," what is the name and address of the hospital or facility:											
					ur name, address, contact information and relationship to the voter:  pouse						
(First) (Middle) (Last) Requestor's Address											
City		State Zip Code		Requestor's Phon	Requestor's Phone Requestor's E		nail				
L			1		l						
For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)											
Select one of the options below to qualify as a military or overseas voter:  Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.											
U.S. citizen residing outside the U.S. temporarily or indefinitely  Current Address (Address where you are currently stationed or living overseas.)  Transmit my ballot by:											
The state of the s					Transmit my ballot by: (Military/Overseas Voters Only)  Mail Fax Email  Fax Number or Email Address						
					rax Number of E	man AC	uu ess				
Signature of Voter (voter only)  Signature of Near Relative/Guardian (if applicable									anlicable)		
X					X						
			D-4-							D-t-	