



Request an absentee ballot

You can request an absentee ballot for 1 voter per form, for 1 election at a time. The information that you provide on this form will be used to update your current voter record if signed by the voter. You may not change your party using this form. If you are not registered, you must submit a voter registration form with this request.

Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the NC General Statutes.

How to return this form

Return your completed and signed form to your county board of elections by 5:00 pm on the Tuesday before the election.

You can:

- Drop it off in-person
• Mail it

This form can only be returned by:

- The voter or the voter's near relative or verifiable legal guardian
• A Multipartisan Assistance Team sent by the county elections office
• A person who assisted due to the voter's disability.

Return this form to:

Questions?

Call your county board of elections or visit ncsbe.gov

REQUEST ONLINE

Complete, sign, and submit your request online at votebymail.ncsbe.gov.

Instructions

1: Election Date

Request for 1 election per form. Indicate in this section if you require an absentee ballot for other possible elections in 2024 due to your continued or expected illness or disability.

2: Voter name

Provide your full legal name. If your name has changed, this form will be used to update your current voter record.

3: Identification Information

You must provide your date of birth and one of the following:

- A NC Driver's License or DMV ID card number
• The last 4 digits of your social security number

4: Home address

Provide your residential (home) address. However, if you moved and have no plans to return to your former residence, provide your new address here. Signing in Section 10 will update your voter registration. If your new address is in a different county, you will not be able to update your address using this form and will need to submit a new voter registration form in your new county. Provide a mailing address in Section 5 if different from your residence.

5: Ballot mailing address

Indicate where you would like your ballot to be sent. If you do not want your ballot to be sent to your residential or mailing address, provide another address here. If you require an accessible electronic ballot due to blindness or visual impairment also provide your email in Section 6.

6: Voter's Contact information

Your contact information is optional and is helpful if we have questions about this request or about any issues with your voted absentee ballot.

7: Requesting a ballot for a voter

A near relative or legal guardian may request a ballot for a voter but may not make changes to the voter's registration record. A near relative is a voter's:

- Spouse
• Brother or sister
• Parent or stepparent
• Mother/father-in-law
• Child or stepchild
• Son/daughter-in-law
• Grandparent/Grandchild

Any person may request an absentee ballot for a voter who needs assistance making the request due to disability. Under the Americans with Disabilities Act, a disability is a physical or mental impairment that causes someone to be substantially limited in a major life activity. When requesting a ballot on behalf of a voter, the requester must complete and sign this section.

8: Assisting a voter in filling out or returning this form

If you are helping a voter fill out or return their form, complete this section. The voter will still need to sign or make their mark in Section 10. Any voter may receive assistance from their near relative or verifiable legal guardian. A voter who needs assistance completing or returning their request form due to their blindness, disability, or inability to read or write may receive assistance from a person of their choice.

For voters living in a facility (clinic, nursing home, or adult care home) who do NOT require assistance due to a disability, certain limitations apply:

The voter must first seek to have a near relative, legal guardian or Multipartisan Assistance Team (MAT) to assist with requesting a ballot. If none of these options is available within 7 days of making a request for a MAT, the voter may get assistance from anyone who is not:

- An owner, manager, director, or employee of the facility
• An elected official, a candidate, or an officeholder in a political party
• A campaign manager or treasurer for a candidate or political party

9: Military or overseas

Complete this section if you claim North Carolina as your voting residence and are: A U.S. citizen currently outside of the United States or A member of one of the following, or a spouse or dependent of a member of one of the following:

- The active or reserve components of the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States who is on active duty
• A member of the Merchant Marines, the Commissioned Corps of the Public Health Service, or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States
• A member of the National Guard or State militia unit who is on activated status

10: Voter's signature

This form must be signed by the voter (unless a near relative or legal guardian or assistant is requesting a ballot on the voter's behalf and completes Section 7). If the voter cannot physically sign this form, they can make a mark. A typed signature, including signature fonts, is not allowed.

If you indicate that you have changed your name (Section 2) or address (Section 4), signing will update your voter registration.

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| Election date | 1 | 11/05/24 General Election Absentee Ballot Request | <input type="radio"/> <i>Due to</i> continued or expected illness or disability, I am <i>also</i> requesting absentee ballots for all elections this year. |
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| Print voter name Any name change you give on this form will update your registration. Required | 2 | Last name _____ Suffix (Jr, Sr., III, IV, if applicable) _____ First name _____ Middle name _____ Former name (if your name has changed) _____ |
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| Identification Information Required | 3 | Date of birth (mm/dd/yyyy) _____ AND NC Driver's License/DMV ID number _____ OR Last 4 digits of your Social Security number _____ |
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| Home address Provide your residential address (where you live). Required | 4 | Street _____ Unit # _____ City _____ NC Zip _____ County _____ Have you moved in the last 30 days? <input type="radio"/> Yes <input type="radio"/> No If yes, date moved? (mm/dd/yyyy) _____ Mailing Address (if different from above) Street _____ Unit # _____ City _____ State _____ Zip _____ |
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| Where should we send your ballot? Check 1. Required | 5 | <input type="radio"/> Your home address in Section 4 <input type="radio"/> Your mailing address in Section 4 <input type="radio"/> The address below: Street _____ Unit # _____ City _____ State _____ Zip _____ <input type="radio"/> Due to blindness/visual impairment, I require an accessible electronic ballot (Provide your email address in Section 6). |
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| Voter contact information | 6 | Phone _____ Email _____ |
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| Requesting ballot on behalf of voter by near relative, legal guardian, or person the voter asks to help due to disability? The requester must complete and sign in this section. See instructions about who can request for a voter. | 7 | Requester's Name _____ Include relationship to voter, or status as legal guardian or disability requester _____ Street _____ Unit # _____ City _____ State _____ Zip _____ Phone _____ Relative/legal guardian/disability requester, sign and date here (required if requesting on behalf of a voter) Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the NC General Statutes. <table border="1" style="width: 100%;"> <tr> <td style="width: 20%; text-align: center;">X</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;">Date (mm/dd/yyyy)</td> </tr> </table> | X | | Date (mm/dd/yyyy) |
| X | | Date (mm/dd/yyyy) | | | |

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| Assisting a voter to fill out or return this request? If yes, complete this section. See instructions about who can assist a voter. Voter must sign in Section 10. | 8 | Assistant's full name _____ Assistant's full address _____ _____ _____ | If the voter is in an eligible care facility and needs assistance in voting and returning the ballot, enter the facility name below. Facility Name _____ |
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| Are you a military member on active duty (including spouse/dependents) or a U.S. citizen outside the U.S.? <i>Only the voter may complete this section.</i> | 9 | <input type="radio"/> Uniformed Services or Merchant Marines on active duty <input type="radio"/> U.S. citizen outside the U.S. (Overseas address required) Overseas full address _____ _____ _____ | I want my ballot delivered to my: <input type="radio"/> Email _____ <input type="radio"/> Fax _____ <input type="radio"/> Address indicated in Section 5 <input type="radio"/> Overseas address provided in this section |
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|---|-----------|--|----------|--|-------------------|
| Voter's signature Use a pen. No electronic signatures allowed. Required | 10 | Voter, sign and date here (Required unless ballot requested by a near relative, legal guardian, or disability requester) Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the NC General Statutes. <table border="1" style="width: 100%;"> <tr> <td style="width: 20%; text-align: center;">X</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;">Date (mm/dd/yyyy)</td> </tr> </table> | X | | Date (mm/dd/yyyy) |
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