

Absentee Ballot Application

NAME OF APPLICANT		
FIRST NAME	MIDDLE NAME	LAST NAME
GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>		DATE OF BIRTH (MONTH/DAY/YEAR)

PERMANENT MAILING ADDRESS *(THIS IS WHERE YOU NORMALLY VOTE.)*

CIVIC/GEOGRAPHIC ADDRESS		MAILING ADDRESS <input type="checkbox"/> (✓) IF SAME	
POSTAL CODE	HOME PHONE NUMBER	POSTAL CODE	

TEMPORARY MAILING ADDRESS *(THIS IS WHERE THE BALLOT WILL BE SENT.)*

MAILING ADDRESS	DATE OF DEPARTURE
POSTAL CODE	ANTICIPATED DATE OF RETURN

PHONE # WHILE AWAY	FAX # (OPTIONAL)	EMAIL ADDRESS
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I DECLARE THAT

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| <ul style="list-style-type: none"> • I am a Gwich'in Participant of the Gwich'in Comprehensive Land Claim Agreement. • I will be 18 years of age on or before election day. • I qualify to vote as an absentee voter. | <ul style="list-style-type: none"> • I have provided my current address for voting purposes. • I have not previously voted and will not attempt to vote again in this election. • I understand that once issued a ballot under absentee voting rules, I will not be issued a ballot in any other manner. |
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Signature of Applicant

Date

FOR ELECTION OFFICE USE ONLY

Associated Community

Enrollment Number

Date received