

SHERIDAN COUNTY ABSENTEE BALLOT APPLICATION- 2018

NOT FOR VOTER REGISTRATION

LAST NAME:	
FIRST NAME:	
PHYSICAL ADDRESS	
CITY, STATE, ZIP	

_____ Currently in Military

Date of Birth _____

Optional: Last 4 of Social Sec # _____

DAYTIME (office use only) Phone # _____

TODAY'S DATE: _____

Requesting Ballot(s) for the year 2018: Mark an X in desired options

Primary Election 8/21/18	
<i>Must Select Political Party</i>	
<input type="checkbox"/>	Democratic
<input type="checkbox"/>	Republican
<input type="checkbox"/>	Non-Partisan (Unaffiliated)
<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>	Mail to: If different from above

General Election 11/6/18	
	Mail to: If different from above

OATH: I hereby state that I am a registered voter and entitled to vote in the election(s) indicated above.

SIGNATURE OF VOTER OR PERSON APPLYING **RELATIONSHIP TO VOTER**

(OPTIONAL) PERMISSION FOR SOMEONE TO PICK-UP YOUR BALLOT FOR YOU:

I, _____ registered voter, give _____

permission to pick up my ballot. **SIGNATURE OF VOTER:** _____

OFFICE USE ONLY: Rejected Reason Rejected _____

Affix ABSENTEE APP LABEL Here

Date	Voting Method	Deputy
	VOTED IN	
	TOOK BALLOT	
	PROXY	
	MAILED BALLOT	