

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certificate:
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Affix NON-BARCODE
Label HERE

Affix BARCODE
Label HERE

Board Approval Date _____

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Voter's Certification (Required)
 I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot. I further certify that I (marked) the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1 of the Witnesses' Certification**)
- OR
- a notary public (the notary must complete **Option 2 of the Witnesses' Certification**)

X _____
 Signatures of Voter (required) _____ Date _____

Name Correction (if applicable) _____
Voter Assistance Certification (if applicable)
 I certify that: • the Voter requested my assistance • I assisted by marking the ballot and/or the Absentee Application and Certificate according to the Voter's instruction only • I assisted only while in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.
 I certify that: • the Voter requested my assistance placing the sealed absentee return envelope in the closest U.S. Mail depository or mailbox • I mailed the ballot as directed by the Voter • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____
 X _____
 Assistant's Signature _____ Date _____

Witnesses' Certification
Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)
 I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)
 I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old - I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request. (complete Voter Assistant Certification section).
 NOTE: A notary may not change any box for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-30)

STATE OF _____
 COUNTY OF _____
 Notary Public _____
 Commission Expiration Date _____

SEAL