

I hereby request Permanent Absentee Voter status. I understand that my status as a Permanent Absentee Voter could be terminated if I fail to return an executed absentee ballot for any statewide general election.

**Print Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
First name Middle name or initial Last name mo/dd/yr

**Residence Address:** \_\_\_\_\_  
Number and street (PO Box, Rural Route, etc., not acceptable)

\_\_\_\_\_ City Zip Code

**Mailing Address:** \_\_\_\_\_  
(if different from residence)  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** Day \_\_\_\_\_ Evening \_\_\_\_\_

**THIS APPLICATION CANNOT BE ACCEPTED WITHOUT THE SIGNATURE OF THE APPLICANT  
OR THE APPLICANT'S WITNESSED MARK IF UNABLE TO SIGN**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Voter's mark if unable to sign: \_\_\_\_\_ (witness signature required)

Witness signature: \_\_\_\_\_