



## 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
- A person who assisted by returning the form due to the voter's disability.

## Return this form to:

WATAUGA COUNTY BOARD OF ELECTIONS  
PO BOX 528  
BOONE, NC 28607

## Questions?

Call (828)265-8061  
or visit [www.wataugacounty.org](http://www.wataugacounty.org)

## Skip the paper form and request online

Complete, sign, and submit your request online at [votebymail.ncsbe.gov](http://votebymail.ncsbe.gov).

## Instructions

### 1: Election Date

Request for 1 election per form.

### 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: Voter identification

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 the street address where you live as of today. If you are temporarily living away or displaced from the address where you live and you plan to return later, provide your residential (home) address for voting. **However**, if you have abandoned your place of residence and intend to stay at a new address indefinitely, you must provide your new address here. Signing in section 11 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 in your new county.

### 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.

### 6: Accessibility options

Check if you require an absentee ballot for other possible elections in 2023 due to your continued or expected illness or disability. Check the 2nd box in section 6 if you require an accessible ballot due to blindness or visual impairment and provide your email in section 7 so that we may contact you when the ballot is available.

### 7: Contact information

This section asks for your contact information in case we have questions about this request. Provide contact information for the voter or if the voter did not fill out the form, contact information for the near relative, legal guardian, or assistant who filled out the form.

### 8: 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 section 8.*

### 9: 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 11.* 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

### 10: 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

### 11: 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 fills out section 8). If the voter cannot physically sign this form, they can make a mark. **A typed signature or signature fonts are not allowed.**

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

# North Carolina Absentee Ballot Request Form for 2023 Municipal Elections

Required sections are in red

2023.04

## Election date

You can request 1 ballot for only 1 election at a time.

Required

1  11/07/23 Election or Runoff

## Print voter name

Any name change you give on this form will be used to 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) \_\_\_\_\_

## Voter identification

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 \_\_\_\_\_

## Home address

Provide your residential address (where you live) and your mailing address (if different). Your residential address is always required.

Required

4 Street \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ NC Zip \_\_\_\_\_ County \_\_\_\_\_  
Have you moved in the last 30 days?  Yes  No If yes, date moved? (mm/dd/yyyy) \_\_\_\_\_  
If you receive mail at a different address or at a Post Office box, provide your regular mailing address.  
Street \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Where should we send your ballot?

Check 1.

Required

5  Your home address in section 4  Your mailing address in section 4  
 The address below:  
Street \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Accessible voting options

Only if applicable.

6  Due to continued or expected illness or disability, I request absentee ballots for all elections this year.  
 Due to blindness/visual impairment, I require an accessible ballot (Provide your email address in section 7).

## Requester's contact information

7 Phone \_\_\_\_\_ Email \_\_\_\_\_

## 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.

8 Requester's Name \_\_\_\_\_ Include relationship to voter, or status as legal guardian or disability requester \_\_\_\_\_  
Street \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Relative/legal guardian/disability requester, sign and date here (required if requesting on behalf of a voter)**  

<input checked="" type="checkbox"/>	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.**

9 Assistant's full name \_\_\_\_\_  
Assistant's full address \_\_\_\_\_  
Facility Name \_\_\_\_\_  
If the voter is in an eligible care facility and needs assistance in voting and returning the ballot, enter the facility name below.

## Are you a military member on active duty (including spouse/dependents) or a U.S. citizen overseas?

Only the military or overseas voter may complete this section.

10  Uniformed Services or Merchant Marines on active duty  
 U.S. citizen outside the U.S. (Overseas address required)  
Overseas full address \_\_\_\_\_  
I want my ballot delivered to my:  
 Email \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Address indicated in section 5  
 Overseas address provided in this section

## Voter's signature

Use a pen. No electronic signatures allowed.

Required

11 **Voter, sign and date here (Required unless ballot requested by a near relative, legal guardian, or disability requester)**  

<input checked="" type="checkbox"/>	Date (mm/dd/yyyy)
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Return form to the County Board of Elections by 5:00 pm on the Tuesday before the election. Do not email or fax.

