



After completing your Absentee-by-Mail Request Form, there are four permissible options for returning your form to the Durham County Board of Elections Office:

By Email: absentee@dconc.gov | By Fax: 919-560-0688
By Mail: PO Box 868, Durham NC 27702 | In Person: 201 N. Roxboro St, Durham NC 27701

SECTION 1: VOTER INFORMATION (MANDATORY)

2020 STATE ABSENTEE BALLOT REQUEST FORM

(Read the instructions before completing this form. Items in red are required.)

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

1 Voter Information	Last Name	First Name	Middle Name	Suffix	Date of Birth
	Previous Last Name	Previous First Name	Previous Middle Name	NC DL or ID Number	Last Four Digits of Social Security number
	Current NC Residential Street Address			Have you lived at this address for 30 or more days? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	City	State	Zip Code	County	Provide your mailing address if you do not receive mail at your residential address.
Please provide your email address or a telephone number in case we have a question concerning this request.					
E-mail			Phone		

The fields marked in red are required for all absentee by mail voters. Voter's must include: name, date of birth, one form of identification (NC Driver License, NC State ID Card, or Last Four of the Social Security Number), and current residence. The current residence must be the voter's street address (this cannot be a P.O. Box number). Previous name and address information is helpful if it is available.

SECTION 2: ABSENTEE VOTING INFORMATION (MANDATORY)

Select the date of the election event for which a by-mail absentee ballot is being requested. You may only select one election event per request form.

Absentee Mailing Address (where you would like your ballot sent)	Election Date (select one)
Mailing City	<input checked="" type="checkbox"/> November 3, 2020
State	<input type="checkbox"/> Check if you would like to request absentee ballots for all elections held during this calendar year in which you are eligible to vote due to continued or expected illness or disability.
Zip Code	

Next, the voter must include the address where the absentee-by-mail address is being sent. This may be the voter's primary residence address or an alternative location where the voter is temporarily located.

The voter must also select the election/s the request is being made for. An all year request can be made due to continued or expected illness or disability.



SECTION 2: ABSENTEE VOTING INFORMATION (OPTIONAL REQUESTER INFORMATION)

Near Relative or Legal Guardian Request: If you are requesting an absentee ballot on behalf of a near relative or for someone for whom you are the legal guardian, provide your name, relationship to the voter (see instructions), address and contact information.

Near Relative or Legal Guardian's Name		Your Relationship to Voter	
<input type="text"/>		<input type="text"/>	
Near Relative or Legal Guardian's Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A near relative or legal guardian (spouse, sibling, parent, grandparent, in-law, stepparent or stepchild) may request a ballot for the voter. This section is only mandatory if the requester is not the voter.

SECTION 2: ABSENTEE VOTING INFORMATION (OPTIONAL VOTER ASSISTANCE)

Voter Assistance: If the voter received assistance completing this form due to blindness, disability, or inability to read or write and no near relative or legal guardian of the voter was available, list the name and address of the person assisting the voter with completing this form.

Voter Assistant's Name			
<input type="text"/>			
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If voter is a patient in a hospital, clinic, nursing home or rest home, does voter need assistance with voting and returning the ballot? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, what is the name and address of the hospital or facility? <input type="text"/>			

A voter may request assistance with the request due to blindness, disability, or inability to read or write if a near relative or legal guardian is not available. This section is only mandatory if assistance is provided.

SECTION 3: MILITARY AND OVERSEAS (OPTIONAL AND MUST BE MADE BY THE VOTER)

3 Military & Overseas	Are you an absentee military or overseas voter? If so, select the best option below that describes your absentee status:	
	<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty or eligible spouse/dependent and currently absent from county of residence <input type="checkbox"/> U.S. citizen outside the United States	
	Provide the address where you are currently stationed or living overseas.	Send your ballot by mail? (provide address)
	<input type="text"/>	<input type="text"/>
	Send your ballot by email? (provide email address)	Send your ballot by fax? (provide #)
	<input type="text"/>	<input type="text"/>

Registered military and overseas voters may request a ballot by email or fax. This section is only mandatory if the voter is residing or stationed overseas. The voter's signature is still required on the form.

SECTION 4: REQUIRED SIGNATURE (MANDATORY)

4	Voter's Signature		Near Relative or Legal Guardian Signature (if applicable)	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date	Date	Date	Date

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The voter must sign the 'Voter's Signature' box when making the request. Otherwise, the applicable relative or legal guardian will sign in the 'Near Relative or Legal Guardian Signature (if applicable)' box.