June 9, 2026 State Primary Election
Special Circumstances Application for Absentee Ballot
(Required after June 4, 2026)

Application Received (Date/Time)
Ballot Sent/Delivered (Date/Time)
Enrollment

State election law requires an absentee voter to complete this application if the voter's request is received by the clerk after Thursday, June 4, 2026. The voter must meet one of the special circumstances allowed by law and indicate the reason on this application. The voter must complete and sign this application before a ballot will be issued.

1. Full Name of Registered Voter Requesting the Ballot _____

2. Residence Address of Voter _____ _____
(Street Address) (Municipality)

3. Voter's Date of Birth ___ ___ - ___ ___ - ___ ___ ___ ___
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4. Contact Information – **Please complete. Clerk will use only to notify the voter if there is a problem with the application or ballot.**

Daytime Phone Number _____ Email Address _____

5. **Ballot requested**: A voter not enrolled in a political party may participate in a party's primary without enrolling in the party. An unenrolled voter may vote in only one primary election. Indicate the party for which you want to receive a ballot. NOTE: A voter enrolled in a party will receive the ballot for that party regardless of the party indicated below.

☐ **Democratic** ☐ **Green Independent (SR 87 Only)** ☐ **Republican**

6. Method of Delivery of Ballot to the Voter

a. ☐ Issued to Voter

b. ☐ By Mail to this Address _____

c. ☐ By Immediate Family Member of Voter Designated Below:

_____ _____
(Name) (Relationship to Voter)

d. ☐ By this 3rd Person (Designated by the Voter) _____ _____
(Name) (Telephone #)

7. Voter must check the applicable box below indicating the reason for this after deadline request:

☐ I will be absent from my municipality of residence unexpectedly during the entire time the polls are open on election day;

☐ I have a physical or mental disability;

☐ I am a resident of an island ward or precinct and am unable to travel to the polls;

☐ I am unable to leave home or a treatment facility due to an incapacity or illness; or

☐ I am a caregiver who is unable to attend the polls due to the incapacity or illness of another person.

I certify, under penalty of law, that the information provided on this application is true.

8. Signature of Voter _____ Date _____

9. If ballot is returned by an Immediate Family Member, the family member must sign and indicate relationship.

Signature of Family Member _____ Relationship to Voter _____

AIDE CERTIFICATE: (Must be Completed if Applicant was Assisted as Designated Below)

If the voter received assistance in reading and/or signing this application, the person who assisted the voter must complete and sign this certificate.

I helped this voter: ☐ read the application ☐ sign the application ☐ read and sign the application

Signature of Aide _____ Printed Name of Aide _____