# ARKANSAS APPLICATION FOR ABSENTEE BALLOT

Revised 1/2022

**FOR OFFICE USE ONLY**

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

**Precinct Part: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To: MADISON COUNTY CLERK

PO BOX 37

HUNTSVILLE, AR 72740

PHONE: (479) 738-2747

FAX: (479) 738-1544

EMAIL: [madisonclerk@arkansasclerks.com](mailto:madisonclerk@arkansasclerks.com)

**INSTRUCTIONS TO VOTER: PLEASE MAKE ONLY ONE SELECTION FOR SECTIONS ONE (1) THROUGH FOUR (4).**

1. **PLEASE SELECT A REASON FOR REQUESTING AN ABSENTEE BALLOT:**

* I will be unavoidably absent from my polling place on Election Day, OR
* I will be unable to attend the polls on Election Day because of an illness or physical disability, OR
* I am a resident of a long-term care or residential facility licensed by the state.

1. **PLEASE SELECT FROM THE FOLLOWING OPTIONS CONCERNING YOUR RESIDENCE:**

* I currently reside within the county in which I am registered to vote.
* I currently reside outside of the county in which I am registered to vote.
* I am a United States citizen residing outside of the territorial limits of the United States **(UOCAVA).**
* I am an active service member of the United States armed services **(UOCAVA).**
* I am a spouse or dependent or an active service member of the United States armed services **(UOCAVA).**

1. **PLEASE SELECT THE ELECTION IN WHICH YOU WISH TO CAST AN ABSENTEE BALLOT:**

* Preferential Primary/Non-Partisan Judicial General Election (held in the spring of even-numbered years).

**Party Preference (Circle One): Democratic Republican Nonpartisan (You will be sent a Judicial ballot only)**

* November General Election/Nonpartisan Judicial Runoff.
* Annual School Election
* Special Election to be held on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date).

**You may qualify for:**

* All elections for **one calendar year** (i.e., today’s date through December 31st of the current year.
* In order to qualify for this option, you must be a voter with a disability, in a long-term care or residential facility, or living outside of the county in which you are registered to vote.
* All elections through the next **Federal General Election Cycle**.
* In order to qualify for this option, you must be a **UOCAVA** voter (See section 2 above).

1. **PLEASE SELECT HOW YOU WISH TO RECEIVE YOUR BALLOT:**

* I will pick up my ballot from the office of the county clerk.
* Email (available for **UOCAVA** voters only.) My e-mail address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mail. Please send my ballot to the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Picked up via Designated Bearer, Administrator, or Authorized Agent:

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Printed Name of Designated Bearer/Administrator/Authorized Agent Signature of Designated Bearer/Administrator/Authorized Agent

**Note**: A designated bearer may obtain or deliver absentee ballots for no more than two (2) voters per election and may only do so within the 15 days

before a school election, special election, preferential primary election, or general election OR the 7 days before a runoff election. A designated bearer,

administrator, or authorized agent must provide a current and valid photo ID to the county clerk and must sign the register, under oath, when picking up

or delivering an absentee ballot. Any person may distribute blank absentee ballot applications.

The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be guilty of perjury and subject to a fine of up to ten thousand dollars ($10,000.00) or imprisonment for up to ten (10) years, or both, under federal laws. I certify under penalty of perjury that I am registered to vote, and that I am the person who is registered.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth of Absentee Voter Residential Address of Absentee Voter **(your Voting Residence Address)**

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Phone Number of Absentee Voter City, State, and Zip Code

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Printed Name of Absentee Voter Signature of Absentee Voter

**YOU MAY RETURN THIS APPLICATION TO YOUR LOCAL COUNTY CLERK VIA MAIL, FAX, OR EMAIL.**