ARKANSAS APPLICATION FOR ABSENTEE BALLOT

Revised 08/2023

TO COUNTY CLERK: Boone County Election Center
414 W Central, Suite B
Harrison, AR 72601

FOR OFFICE USE ONLY				
DATE:				
REGISTRANT ID:				
PRECINCT:				

Information and Tips for Completing the Absentee Ballot Application

- Complete both pages of the application.
- Complete all fields, then sign and date the application. Failure to do so will result in delays in receiving your absentee ballot.
- Read all notes and acknowledgments included on the application.
- Double check all selections and information provided before submitting your application.
- If applicable, ensure the designated bearer, administrator, or authorized agent has signed the application in Section 5.
- <u>UOCAVA</u>: The Uniformed and Overseas Citizen Absentee Voting Act. UOCAVA voters are U.S. citizens who are active duty military personnel, their eligible family members, and overseas citizens away from their normal polling location.
- Return your application to your county clerk via mail, fax, email, or hand delivery.
- If you have questions on how to complete this application, please contact your local county clerk's office.

COMPLETE ALL 6 SECTIONS OF THE APPLICATION

SECTION 1	: PLEASE SELECT A REASON FOR REQUESTING AN ABSENTEE BALLOT:				
	I will be unavoidably absent from my polling site on Election Day, OR				
SECTION 2	2: 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 residing outside of the county (UOCAVA).				
	I am a spouse or dependent of an active service member of the United States armed services (UOCAVA).				
SECTION 3	3: PLEASE SELECT THE ELECTION IN WHICH YOU WISH TO CAST AN ABSENTEE BALLOT:				
	 Preferential Primary/Nonpartisan Judicial General (held in the spring of even-numbered years). Party Preference (Check Only One): 				
	Democratic (Ballot will contain democratic, nonpartisan judicial, and special/school races, if applicable).				
	Republican (Ballot will contain republican, nonpartisan judicial, and special/school races, if applicable).				
	Nonpartisan (Ballot will contain only nonpartisan judicial, and special/school races, if applicable).				
	November General Election/Nonpartisan Judicial Runoff.				
	Annual School Election.				
	Special Election to be held on(Date).				
You may qu	alify for:				
	All elections for one calendar year (i.e., today's date through December 31st of the current year).				
	o In order to qualify for this option, you must be a voter with a disability, in a long-term or residential care 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 on front page). 				

SECTION	4: PLEASE SELECT HOW YOU WISH TO RE	ECEIVE YOUR BALLOT:	FOR OFFICE USE ONLY	
	I will pick up my ballot from the office of the cou	nty clerk.	DATE:	
	Email (<u>Only</u> available for UOCAVA voters). Email address:		PRECINCT:	
	Mail. Please send my ballot to the following addre	ddress:		
	Picked up via Designated Bearer, Administrator, o	or Authorized Agents		
	Picked up via Designated Bearer, Administrator, c	or Authorized Agent:		
Pr	inted Name of Bearer/Administrator/Agent	Signature of Bearer	/Administrator/Agent	
wi a r	ote: A designated bearer may obtain or deliver absentithin the 15 days before a school election, special electron are the second election. A bearer, administrator, or authorize ust sign the register, under oath, when picking up or contact the second electron are the second electron.	tion, preferential primary election, d agent must provide a current and	or general election OR the 7 days before	
□ I,	the applicant, filled out this Application for Absente the applicant, received assistance in filling out this Af YES , the person giving assistance must complete the rinted Name of Person Giving Assistance	Application for Absentee Ballot.		
_		Signature of Person of	TVING ASSISTANCE	
Re	esidential Address of Person Giving Assistance			
The information perjury and	6: PLEASE COMPLETE ALL INFORMATION ation I have provided is true to the best of my knowle subject to a fine of up to ten thousand dollars (\$10,00 erjury that I am registered to vote, and that I am the provided in the provi	edge under penalty of perjury. If I h	nave provided false information, I may be guilty of	
Printed Na	me of Absentee Voter	Date of Birth of Absentee V	oter	
Residential	Address of Absentee Voter	Phone Number of Absentee	Voter	
City, State,	and Zip Code	Signature of Absentee Voter	•	

Email Address of Absentee Voter