State Absentee Ballot Request Form

North Carolina
[County] County

CRAVEN COUNTY BOARD OF ELECTIONS
406 CRAVEN STREET
NEW BERN, NC 28560

PHONE: 252-636-6610 FAX: 252-636-6687
CRAVENBOE@CRAVENCOUNTYNC.GOV

General Instructions

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at www.ncsbe.gov. The deadline to register to vote is 25 days prior to the date of the election.

Completing the Form

The voter's full name, residential address, date of birth and an identification number (see **Proof of Identification** below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form must be signed by the voter or the voter's near relative or qualified legal guardian.

Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

Updating Voter Information

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

Proof of Identification

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then a copy of one of the following must be provided along with this request:

1. A current and valid photo identification.
2. A document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

Ballot Availability

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

Submitting the form

Submit this form to the Craven County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

Address: 406 CRAVEN STREET
NEW BERN, NC 28560

Email: cravenboe@cravencountync.gov ***Fax:*** 252-636-6687

This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.

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

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth

Home Address (NC Residential Address.)			**Mailing Address** (If different than home address.)		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence | **Previous Name** (if applicable)

You must provide at least one identification number below. (or see instructions)
NC License or ID Number | SSN X X X - X X - ☐☐☐☐

Voter Registration No. | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	**City**	**State**	**Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			**Name of Corporation** (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	**Transmit my ballot by:** (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)		**Signature of Relative/Near Guardian** (if applicable)	
X _____	Date	X _____	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.