

ABSENTEE APPLICATION

This application is issued for absentee ballot(s) to be voted in the Municipal Election to be held in Scotland County, North Carolina on November 3, 2009.

APPLICATION NO.: _____ ISSUED TO: _____ POLITICAL PARTY: _____
BALLOT STYLE : _____ VOTER REG. NO. : _____

Any person who falsifies this application is subject to a fine, imprisonment, or both.

I, _____, residing at _____
certify that I am a duly qualified voter in Precinct _____ in Scotland County, registered as an affiliate of the political party indicated above,
and that I am entitled to vote in this election. I am making application to vote my absentee ballot(s) for the reason indicated below: (Check one box)

If I am an Unaffiliated voter voting in a Primary election, I am voting in the _____ Party Primary. If no party is indicated here, I am not
voting in a Party Primary.

- MILITARY NO-EXCUSE OVERSEAS
- SICKNESS OR DISABILITY OF VOTER APPLYING AFTER 5:00 PM ON THE TUESDAY BEFORE THE ELECTION, BUT NOT LATER THAN 5:00 PM ON THE DAY BEFORE THE ELECTION.

I further certify that I am making application to vote my absentee ballot(s) in the office of the _____ County Board of Elections
for the reason indicated above, or that I will return the ballots by mail, or will deliver them in person, or have them delivered by a near
relative to the Chairman of the Board of Elections of the county of my residence prior to 5:00 pm on the day before the election.

This is the _____ day of _____, _____.

SIGNATURE OF VOTER
(UNLESS APPLICATION MADE BY NEAR RELATIVE)

ADDRESS TO WHICH BALLOTS ARE TO BE MAILED

**VOTER MAY ALSO COMPLETE APPLICATION FOR SECOND PRIMARY (OR RUNOFF) AND WILL AUTOMATICALLY BE ISSUED
ABSENTEE BALLOT(S) IF A SECOND PRIMARY (OR RUNOFF) IS CALLED.**

Pursuant to G.S. 163-227.1, the undersigned applicant hereby makes application for absentee ballot(s) for the Second Primary (or Runoff)
which, if called, will be held on the _____ day of _____.

SIGNATURE OF VOTER (UNLESS APPLICATION MADE BY NEAR RELATIVE)

ADDRESS TO WHICH BALLOTS ARE TO BE MAILED

COMPLETE ONLY IF APPLICATION IS MADE BY A NEAR RELATIVE OR VERIFIABLE LEGAL GUARDIAN.

I, _____ certify that I have the following relationship to the above named voter: (Check one box)

- SPOUSE STEPPARENT BROTHER GRANDPARENT MOTHER-IN-LAW STEPCHILD
- PARENT CHILD SISTER GRANDCHILD FATHER-IN-LAW SON-IN-LAW
- VERIFIABLE LEGAL GUARDIAN DAUGHTER-IN-LAW

I hereby make application for the above named voter and verify that I am aware that it is unlawful for any person to swear falsely with respect to any matter
pertaining to any primary or election; for any person falsely to make or present any certificate or other paper to qualify any person fraudulently as a voter, or
to attempt thereby to secure to any person the privilege of voting.

SIGNATURE OF NEAR RELATIVE OR LEGAL GUARDIAN

ADDRESS OF NEAR RELATIVE OR LEGAL GUARDIAN

