



**Montana Secretary of State - Application for Absentee List**  
 Fields marked with an asterisk (\*) are required fields.

Please type or use black or blue pen only and print clearly. **COMPLETE FORM AND SUBMIT TO COUNTY ELECTION**

**OFFICE APPLICANT IDENTIFYING INFORMATION**

LAST NAME\*  FIRST NAME\*  MIDDLE NAME

BIRTHDATE\* (MM/DD/YYYY)

**APPLICANT ADDRESS AND CONTACT INFORMATION**

County where you reside and are registered to vote\*

Montana Residence Address\*  City\*  Zip Code\*

Mailing Address (required if differs from residence address\*) City  State  Zip Code

Check if the mailing address listed above is for part of the year only and if so, complete the information below. Clearly print the complete mailing address(es) and specify the applicable time periods for each address. Please include time periods through January 31, 2020. Use the back of the form if more room is needed.

Mailing Address 1  City  State  Zip Code  Period(mm/dd/yyyy-mm/dd/yyyy)

Mailing Address 2  City  State  Zip Code  Period (mm/dd/yyyy -mm/dd/yyyy)

Mailing Address 3  City  State  Zip Code  Period (mm/dd/yyyy-mm/dd/yyyy)

Mailing Address 4  City  State  Zip Code  Period (mm/dd/yyyy-mm/dd/yyyy)

Contact Phone Number  Email Address

Check any that currently apply  Military Domestic (or military spouse or dependent)-check only if on active duty and will be absent from place of registration  
 Military Overseas (or military spouse or dependent overseas)  U.S. Citizen Overseas

**CHECK BELOW TO BE PLACED ON THE ABSENTEE LIST**

Yes, I request an absentee ballot to be mailed to me for **ALL elections** in which I am eligible to vote as long as I reside at the address listed on this application. I understand that in order to continue to receive an absentee ballot, I must complete, sign, and return a confirmation notice mailed to me by the county election office every two years.

**APPLICANT SIGNATURE**

*By signing below, I understand that I am officially requesting to be placed on the absentee list. I further understand I must complete and return a confirmation notice mailed to me by the county election office every two years.*

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

Please complete and return this form to:  
 Election Administrator  
 PO Box 519  
 Thompson Falls, MT 59873