



# 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
BIRTHDATE* (MM/DD/YYYY)		
<input type="text"/>		

## APPLICANT ADDRESS AND CONTACT INFORMATION

County where you reside and are registered to vote\*

Montana Residence Address*	City*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (required if differs from residence address*)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address 2	City	State	Zip Code	Period (mm/dd/yyyy -mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address 3	City	State	Zip Code	Period (mm/dd/yyyy-mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address 4	City	State	Zip Code	Period (mm/dd/yyyy-mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Phone Number	Email Address
<input type="text"/>	<input type="text"/>

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