



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.

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"/>

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 if I file a change of address with the U.S. postal service, I must complete, sign, and return a confirmation notice mailed to me by the county election office;.

APPLICANT SIGNATURE

By signing below, I understand that I am officially requesting an absentee ballot, and affirm that I will have met the 30-day Montana residency requirement before voting mt absentee ballot. (Also sign affidavit at bottom of page if requesting due to illness or health emergency)

Signature* _____

Date* _____

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