



**ABSENTEE/MAIL BALLOT APPLICATION**  
**AGENT AUTHORIZATION (Temporary)**  
 SECRETARY OF STATE  
 SFN 61115 (09-2016)

**For Office Use Only**  
**Precinct Part**

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For reference, see North Dakota Century Code, Chapter 16.1-07.

**Applicant Information: (ALL FIELDS REQUIRED)**

Voter's name		Date of birth	Daytime telephone number	
Election for which this application is to be used (check all that apply)				
<input type="checkbox"/> All statewide elections		<input type="checkbox"/> School election		<input type="checkbox"/> Special election
North Dakota ID type used: (check one)				
<input type="checkbox"/> Current driver's license		<input type="checkbox"/> Current non-driver's ID		<input type="checkbox"/> Tribal ID
<input type="checkbox"/> Applicant without ID*		<input type="checkbox"/> Passport or military ID**		<input type="checkbox"/> Long-term care certificate (include with application)
<input type="checkbox"/> Voter's affidavit (must complete and submit page 2)				
ID number (required only if driver's license, non-driver's ID, tribal ID, passport, or military ID is selected above)				
Residential address	Apt. #	City	State	ZIP code


**Agent Authorization Information (A person may not act as an agent for more than four voters per election):**

I hereby authorize the person named below to secure an absentee ballot for me. I do solemnly affirm that I have resided or will reside in the precinct where my residential voting address is located for at least 30 days next preceding the election and will be a qualified elector of the precinct.

<b>Signature of applicant</b>		Date
Printed name of agent	<b>Signature of agent</b>	Date

**Applicant unable to sign:**

If the applicant is unable to sign the applicant's name, the applicant shall mark  or use the applicant's signature stamp on the application in the presence of a disinterested individual. The disinterested individual shall print the name of the individual marking the "X" or using the signature stamp below the "X" or signature and shall sign the disinterested individual's own name following the printed name together with the notation, "witness to the mark."

 <b>Voter's Mark</b>	Printed name of person making mark or voter's signature stamp
	Signature of "witness to the mark"

**\*Applicant without ID:**

If the applicant does not possess or cannot secure an approved form of identification due to a disability with which the individual lives and which prevents the individual from traveling to obtain, another qualified elector of the state may attest that the applicant is a qualified elector of that precinct by signing below and providing his or her approved North Dakota identification number. **NOTE:** A qualified elector may not attest the qualifications of more than four applications in an election.

Printed name of attester	Driver's / non-driver's / tribal ID number	
Signature of attester	Date	Daytime telephone number

**\*\*Active military and overseas voter:**

Check **ONE** (if applicable):

- Citizen living outside of the United States
- Uniformed service or family member living away from the voter's residence, yet **within** the United States
- Uniformed service or family member living away from the voter's residence, yet **outside** the United States

**Agent must personally deliver this signed form to the voter's county auditor or appropriate election officer**