ABSENT VOTER'S BALLOT APPLICATION

SECRETARY OF STATE

SFN 51468

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

Application must be for at least one of the following elections:

☐ **State Primary Election** ☐ **State General Election**

VOTING ADDRESS please print clearly

Name		City/Township	Precinct/or voting location	
Address of Voter (residential address)	City	County	State	Zip Code

MAILING ADDRESS (If different than your voting address above) please print clearly

Date of Birth

Mailing Address	City	County	State	Zip Code

I do solemnly affirm that I have resided in the precinct, where my residential voting address is located, for at least thirty days next preceding the election.

Home or Daytime Telephone #

Driver's License #

Signature of Applicant Date

MAIL, FAX OR DELIVER TO:
Grand Forks County Auditor
PO Box 5726, 151 South 4th Street
Grand Forks, North Dakota 58206-5726
Phone: 701-780-8200 Fax: 701-780-8207

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