

State of Alaska

Electronic Transmission Absentee Ballot Application

You may submit this application beginning October 20, 2014.

Applications submitted prior to October 20, 2014 will be denied.

Completed applications MUST be received no later than 5:00 p.m. Alaska Standard Time on November 3, 2014.

1. Last Name:	First Name:	Middle Initial:	Suffix (Sr., Jr., Etc.):
2. Former Name (if your name has changed):			
3. Alaska Residence Address Where You Claim Residency – You MUST provide an Alaska residence address. Do not use PO, PSC, HC or RR:			
House #	Street Name	Apt #	City
			ALASKA State
4. *Identifiers – You MUST provide at least ONE:			
Voter Number: _____		Date of Birth: _____ / _____ / _____ <small style="text-align: center;">Month Day Year</small>	
Social Security Number or Last 4 of SSN Number: _____ / _____ / _____		Alaska Driver's License or State ID Number: _____	
5. How do you want your ballot delivered? – Check ONE and provide delivery information:			
<input type="checkbox"/> Online Delivery: _____ E-mail address			
<input type="checkbox"/> Fax Number: _____ Domestic: Provide area code and fax number International: Provide country code and fax number			
6. Contact Telephone Number – Check and Provide ONE below:			
<input type="checkbox"/> Domestic Telephone Number: _____ Area code and telephone number			
<input type="checkbox"/> International Telephone Number: _____ Name of country _____ Country code and telephone number			
7. Voters Certificate. Read and sign below: I swear or affirm, under penalty of perjury, that: The information on this form is true, accurate, and complete to the best of my knowledge and I am eligible to vote in the requested jurisdiction, I am not requesting a ballot from any other state, and I am not voting in any other manner in this election. I further certify that I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole. I am not registered to vote in another state or I have taken the necessary steps to cancel that registration.			
*Voter Signature: _____		Date: _____	
<u>WARNING:</u> If you provide false information on this application you can be convicted of a felony and/or misdemeanor. (AS 15.56.040; AS 15.56.050)			

*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

For Office Use Only:

V/N: _____

D/P: _____