

County Board use only

Voter do not write above this line

## Step 1: Get your 2 witnesses or notary ready.

See information printed on envelope flap for their eligibility requirements.

## Step 2: Voter, sign and complete below.

### I certify that:

- I am a US citizen.
- I am at least 18, or will be by the date of the general election.
- I have not been convicted of a felony, or if so, I have completed my sentence (including any probation, post-release supervision, or parole).
- I am registered to vote in this county.
- I will have lived at my address printed above for at least 30 days before this election.
- I understand it is a felony to vote more than once in an election
- I marked the enclosed ballot or it was marked for me according to my instructions.

### Voter, sign here:

X

☐ If a second primary is called, please mail me an absentee ballot for that election.

Name correction (if applicable) \_\_\_\_\_

## Step 3: Witnesses or notary, certify below.

### Each witness or notary certifies that:

- I meet the eligibility requirements as outlined on the envelope flap.
- I respected the secrecy of the ballot unless I assisted at the voter's request.
- The voter marked the ballot in my presence, or caused it to be marked in the voter's presence according to their instruction.
- The voter signed this envelope, or caused it to be signed.

Witness 1 **print** name: \_\_\_\_\_

Street Address / PO Box: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**Witness 1, sign here:** \_\_\_\_\_

Witness 2 **print** name: \_\_\_\_\_

Street Address / PO Box: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**Witness 2, sign here:** \_\_\_\_\_

### If using a notary instead of 2 witnesses, the notary also certifies that:

State of \_\_\_\_\_

County of \_\_\_\_\_

The voter, \_\_\_\_\_

Voter name

appeared in person and was positively

identified on \_\_\_\_\_

Date

Notary Public

Commission Expiration Date \_\_\_\_\_

seal

### Voter assistant certification (if applicable). As the voter's assistant, I certify that:

- If assisting NOT due to voter's disability: I am the voter's near relative or legal guardian, or I am helping the voter because a near relative or legal guardian is not available to assist the voter, and I am not disqualified from assisting the voter. I am not an owner or staff of a hospital, clinic, nursing home or adult care facility where the voter is a patient. The voter asked for my help marking the ballot and/or this form, and I followed their instructions and was in their presence.
- If assisting, mailing or returning due to voter's disability: The voter asked for my help due to their disability. If I helped mark the ballot and/or this form, I followed the voter's instructions and was in their presence.

Assistant Print Name: \_\_\_\_\_

Street Address/ PO Box: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**Assistant, sign here:** \_\_\_\_\_

## Instructions

1. Place your marked ballot in this envelope **and seal the envelope**. Do not seal anything else inside this envelope.
2. You and your witnesses or notary complete steps 2 and 3 of this envelope.
3. Place a copy of your photo ID or a completed ID Exception Form in the sleeve on the back of this envelope.

**If you are a patient in a hospital, clinic, nursing home or adult care home and do NOT require assistance due to a disability, your witnesses or notary cannot be:**

- An owner or staff of the facility where you are a patient.
- A person who holds any federal, state, or local elective office.
- A person who holds office in a state, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

**Fraudulently or falsely completing this form is a Class 1 Felony under Chapter 163 of the NC General Statutes.**

**Witness/notary requirements: You must have 2 witnesses (or 1 notary) with you when you mark your ballot.** A witness must be 18 or older. A candidate cannot be a notary or a witness (unless the candidate is your near relative or legal guardian or you need assistance due to a disability and you are a patient in a facility).

☐ I am including a photocopy of my photo ID  
*(copy only - do not send us your original ID)*

**OR**

☐ I am including a completed Photo ID Exception Form  
*(the yellow sheet in your absentee packet)*

↓ You must place ONE of these documents in the clear sleeve. ↓