

## Public Notice

### NOTICE OF ABSENTEE/MAIL BALLOT APPLICATION

Applications for absentee/mail ballots were mailed from the office of the County Auditor on September 14, 2025. Persons not receiving an application may obtain one from the office of the County Auditor or at the following website: [vote.nd.gov](http://vote.nd.gov).



**ABSENTEE/MAIL BALLOT APPLICATION**  
SECRETARY OF STATE  
SFN 51468 (10-2023)

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

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

Application must be for at least one of the following elections: (check all that apply)

- ☐ June (Primary) election      ☐ City or city special election      ☐ State or county special election  
☐ November (General) election      ☐ School or school special election

#### Applicant information: (ALL FIELDS REQUIRED)

|                                                                                                                                                                                                                          |  |                                          |       |                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|-------|--------------------------------------------------------------------------------|--|
| Voter's name                                                                                                                                                                                                             |  | Date of birth                            |       | Daytime telephone number                                                       |  |
| North Dakota ID type used: (check one)                                                                                                                                                                                   |  |                                          |       |                                                                                |  |
| <input type="checkbox"/> Driver's license                                                                                                                                                                                |  | <input type="checkbox"/> Non-driver's ID |       | <input type="checkbox"/> Long-term care certificate (include with application) |  |
| <input type="checkbox"/> Passport (only for voters living outside the United States) or military ID**                                                                                                                    |  |                                          |       | <input type="checkbox"/> Tribal ID                                             |  |
|                                                                                                                                                                                                                          |  |                                          |       | <input type="checkbox"/> Applicant without ID*                                 |  |
| ID number (required only if driver's license, non-driver's ID, tribal ID, passport, or military ID is selected above)                                                                                                    |  |                                          |       |                                                                                |  |
| Residential address                                                                                                                                                                                                      |  | City                                     | State | ZIP code                                                                       |  |
| Ballot delivery address (if different from residential address)                                                                                                                                                          |  | City                                     | State | ZIP code                                                                       |  |
| 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. |  |                                          |       |                                                                                |  |
| Signature (required)                                                                                                                                                                                                     |  |                                          |       | 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."

|                                          |                                                               |
|------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/><br>Voter's Mark | 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 <b>ONE</b> (if applicable):                                                                                                        |                                                               |
| <input type="checkbox"/> Citizen living outside of the United States                                                                     |                                                               |
| <input type="checkbox"/> Uniformed service or family member living away from the voter's residence, yet <b>within</b> the United States  |                                                               |
| <input type="checkbox"/> Uniformed service or family member living away from the voter's residence, yet <b>outside</b> the United States |                                                               |
| If one of the check boxes above applies to you, please indicate your preferred ballot delivery method:                                   |                                                               |
| <input type="checkbox"/> Mail                                                                                                            | <input type="checkbox"/> Email (provide email address): _____ |
|                                                                                                                                          | <input type="checkbox"/> Fax (provide fax number): _____      |

**Mail or submit to the auditor of your county of residence or appropriate election officer**

(The signature on this affidavit will be compared to the signature on the affidavit on the envelope in which the absentee ballot must be placed.)

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