

APPLICATION FOR EMERGENCY INCAPACITATED ABSENTEE BALLOT

Voter's name _____ Date of birth _____ Political affiliation _____

Voter registration address _____

Street or route

City, ZIP Code, and County

Driver License Number

Last 4 of Social Security Number

*State law requires voters provide an identification number that matches their voter registration record ([26 O.S. 14-105](#)). You must supply at least one of the following: an Oklahoma driver's license number, state ID number, or the last four digits of your Social Security number. **If you do not know which number you used for your voter registration, please provide more than one valid identification number.***

I am a registered voter with a physical incapacity that originated after 5:00 p.m. on the third Monday (15 days) preceding this election, and I am unable to vote at my regular polling place. I hereby designate the person named below as my agent for purposes of absentee voting.

Voter's Signature

Date

Election Date

Witness (Witnesses required only if voter is unable to sign this form.)

Witness

Agent's name

Agent's Signature

Sworn Statement by Physician

I swear that the above-named person is unable to vote in person at their precinct on the day of the election because of a physical incapacity and that said physical incapacity originated after 5:00 p.m. on the third Monday (15 days) preceding this election.

Signature of Physician

Date

COUNTY ELECTION BOARD USE ONLY

Date Application Received: _____ Received by: _____

Precinct: _____ School District: _____ City/Town: _____ Ward: _____