



Charleston County Board of Voter Registration and Elections

Mail to: PO Box 71419

chsvotes.gov

North Charleston SC 29415

Request for Absentee Ballot Application

Print your name

Use the name from your voter registration.

1

Last _____ First _____

Middle _____ Jr Sr II. III. IV (circle if applicable)

About you

2

Birth date (MM/DD/YYYY) _____

Last 4 digits of Social Security number (required) XXX-XX-_____

Phone (with area code) _____ Email _____

The address where you're registered to vote

3

Street (no P.O. Box) _____ Apt. _____

City/Town _____ State _____ Zip code _____

Where to mail my application

4

Same as above **-OR-** Address or P.O. Box _____

City/Town _____ State _____ Zip code _____

Election

Which election do you want an absentee application for?

5

I'm requesting an application for:

All elections this year **-OR-** each of the following:

General Primary Municipal Special (Specify) _____

Party preference for primaries

If voting in a primary, which party's primary do you want? Only the Democratic and Republican Parties hold primaries.

6

Democratic Primary Republican Primary

Reason

What is your reason for needing an absentee ballot application?

7

I have employment obligations which prevent me from voting during early voting hours for the duration of the early voting period, and during the hours the polls are open on election day.

I will be attending a sick or physically disabled person which prevents me from voting during early voting hours for the duration of the early voting period, and during the hours the polls are open on election day.

I am confined to a jail or pretrial facility pending disposition of arrest or trial which prevents me from voting during early voting hours for the duration of the early voting period, and during the hours the polls are open on election day.

I am going to be absent from my county of residence which prevents me from voting during early voting hours for the duration of the early voting period, and during the hours the polls are open on election day.

I am a person with physical disabilities.

I am sixty-five years of age or older.

I have been admitted to a hospital as an emergency patient on the day of the election or within a four-day period before the election.

I am a member of the Armed Forces and Merchant Marines of the United States, their spouses, and dependents residing with them.

Signature

8

Voter sign here

X

Date (MM/DD/YY) _____