

2023 Minnesota Absentee Ballot Application

Return to Freeborn County A/T Office
 ATTN: Elections
 411 Broadway S, PO Box 1147
 Albert Lea, MN 56007
 Fax: 507-377-5175
 Email: elections@co.freeborn.mn.us

Complete lines 1 through 7 below. Please print clearly.

Return this application as soon as possible. Ballots must be returned by election day to be counted.

Important: Active duty military and overseas voters should not use this application. See the other side for more information.

1. absentee ballots requested for the following election(s) *(if no election is marked, a ballot will be mailed for the next election only)*

2/14 Special Election	4/11 Special Election	8/8 Primary Election	Both 8/8 & 11/7 Elections
3/14 Township Election	5/9 Special Election	11/7 General Election	Other (specify date):

2.

last name or surname	first name	middle name	suffix
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3.

date of birth (mm/dd/yyyy)	county where you live	phone number
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email address

4. mark all boxes that apply:

I have a MN-issued driver's license or MN ID card. The number is:

I have a social security number. The last four digits are: **XXX-XX-**

I do not have a MN-issued driver's license, MN-issued ID card or a social security number.

Your identification number will be compared to the one on your absentee ballot envelope.

5.

address where you live (residence)	apt.	city	MN	zip code
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6.

address where your absentee ballot should be sent	apt.	city	state	zip code
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7. I certify that I:

- am completing this application on my own behalf;
- will be at least 18 years old on election day;
- am a citizen of the United States;
- will have maintained residence in Minnesota for 20 days immediately preceding election day;
- maintain residence at the address given on this application form;
- am not under court-ordered guardianship in which the court order revokes my right to vote;
- have not been found by a court to be legally incompetent to vote;
- am not currently incarcerated for a conviction of a felony offense; and
- have read and understand this statement: The above information is accurate, and I sign this application form under penalty of perjury, a felony punishable by not more than 5 years imprisonment, a fine of not more than \$10,000, or both.

sign here: **X** _____ date ____/____/____

See other side for special instructions for voters with disabilities or power of attorney.

official use only

Primary → <input type="checkbox"/> reg <input type="checkbox"/> non-reg	received date	ballot issued date	initials	type M C HCF	reason replaced <input type="checkbox"/> rejected <input type="checkbox"/> lost <input type="checkbox"/> spoiled <input type="checkbox"/> never received	repl. date:	precinct
General → <input type="checkbox"/> reg <input type="checkbox"/> non-reg	received date	ballot issued date	initials	type M C HCF	reason replaced <input type="checkbox"/> rejected <input type="checkbox"/> lost <input type="checkbox"/> spoiled <input type="checkbox"/> never received	repl. date:	school district

