Ketchikan Indian Community Absentee Ballot Application

Send Ballot For: □ Emergency Absentee Ballot □ Absentee Ballot

Type of Absentee Ballot: □ Mail

You Must Complete this section:

□ Yes □ No I am a Ketchikan Indian Community Tribal Member
□ Yes □ No I am at least 18 years old or will be by the election date
□ Yes □ No I have a current mailing address on file with the Enrollment Office

Last Name: **First Name:** **Middle Initial:** **Suffix: (Sr., Jr., Etc.)**

Former Name:
(if your name has changed)

KIC Tribal Enrollment Number:
(if known)

Current Residence Address (where you claim Residency –You MUST provide a Current Residence Address. Do not use PO, PSC, HC, or RR.)

_____ _____ _____ _____ _____
House # Street Name Apt. # City State

Permanent Mailing Address:
If your permanent mailing address is the same as residence, Write "same as above"
_____
_____
_____

Identifiers – You MUST provide as least ONE:
SSN or Last 4 of SSN: _____/_____/_____ Alaska Driver's License or State ID Number:_____

Date of Birth-You MUST provide: _____ /_____ / _____
Month Day Year

Gender: □ Male □ Female

Ballot Mailing Address – Ballots will not be forwarded by the USPS. Provide and address where you want your ballot mailed. If you do not provide a ballot mailing address, your ballot will be sent to your permanent mail address listed above.
_____
_____
_____
_____

Contact Information – Include all state and international prefixes:

Daytime phone :_____ Evening Phone:_____

Voter Certification. Read and Sign: I swear or affirm, under the penalty of perjury, that: the information on this form is true, accurate, and complete to the best of my knowledge and I am eligible to vote in the Ketchikan Indian Community election, I am not requesting a ballot from any other tribe with the exception of Central Council Tlingit and Haida Indian Tribes of Alaska, and I am not voting in any other manner in this election.

_____ _____
Signature Date

Your signature must be handwritten signature. A typed or digital signature is not valid.

Election Official – Check ID and complete: Name or Agency: _____ KIC Enrollment # or SSN: _____