ELECTIONS ABSENTEE BALLOT REQUEST FORM

Last Name	First Name	Maiden, Suffix, Alias(es)

Birth Date	Enrollment Number	E-mail Address	Phone Number

MAILING ADDRESS: If the mailing address provided is different than what is currently on file, it will be forwarded to the Membership/CDIB Department so it can be updated.

Street, Route, or PO Box	City	State	Zip

BALLOT SHOULD BE MAILED TO: ☐ Same as mailing address above.

Street, Route, or PO Box	City	State	Zip

CHOOSE ONE:

- ☐ **PERMANENT ABSENTEE VOTER**: I hereby request an absentee ballot for all Osage Nation Elections *(This does not include Minerals Council Elections)*.
- ☐ **VOID PERMANENT ABSENTEE VOTER STATUS**: I hereby request to change my absentee voter status and remove my name from the Permanent Absentee Voter list.
- ☐ **TEMPORARY ABSENTEE VOTER**: I hereby request an absentee ballot for all Osage Nation Elections for the calendar years ***2019*** and ***2020***. *(This does not void any previous Permanent Absentee Voter status submitted.)*

Voter Signature

If you have questions, please call (877) 560-5286.

If voter is unable to write, he/she shall make his/her mark above, and same shall be witnessed by two persons who shall sign their names in the space provided.

Witness Signature

Witness Signature

COPY OF PHOTO ID REQUIRED

- ➔ A copy of any government issued photo ID must be sent with this form for your request to be considered complete.
- ➔ EXAMPLES: Driver's License, Passport, Military ID, Tribal Photo ID, etc.
- ➔ We are **NOT** responsible for faxes that do not transmit legibly.

☐ **PRIVACY PROGRAM**: Please send me information on the Privacy Program.

RETURN THIS FORM BY:
Fax: (918) 287-5292
E-mail: electionoffice@osagenation-nsn.gov
Mail: Osage Nation Election Office
P.O. Box 928
Pawhuska, OK 74056
In Person: NOT a mailing address.
608 Kihekah
Pawhuska, OK

FOR ELECTION OFFICE USE ONLY

☐ **INCOMPLETE – NO ID**
☐ **UNABLE TO PROCESS:** _____

DATE COMPLETED: _____