North Carolina
Absentee Ballot Request Form for 2025

2025.01

Request an absentee ballot

You can request an absentee ballot for 1 voter per form, for 1 election at a time.

The information that you provide on this form will be used to update your current voter record if signed by the voter. You may not change your party using this form.

If you are not registered, you must submit a voter registration form with this request.

Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the NC General Statutes.

How to return this form

Return your completed and signed form to your county board of elections by **5:00 pm on the second Tuesday before the election.**

You can:

- Drop it off in-person
- Mail it

This form can only be returned by:

- The voter or the voter's near relative or verifiable legal guardian
- A Multipartisan Assistance Team sent by the county elections office
- A person who assisted due to the voter's disability.

Return this form to:

Transylvania County Board of Elections
P.O. Box 868
Brevard, NC 28712

Questions?

828-884-3114
transylvaniacounty.boe@transylvaniacou

REQUEST ONLINE

Complete, sign, and submit your request online at **votebymail.ncsbe.gov.**

Instructions

1: Election Date

Request for 1 election per form.

Special note for partisan primary elections: If you are not affiliated with a political party **(unaffiliated)** and you are **requesting a ballot for a primary election,** select the party's primary you want to vote in. Voters registered with a party are only eligible to vote in their party's primary.

Indicate in this section if you require an absentee ballot for other possible elections in 2025 *due to your continued or expected illness or disability.*

2: Voter name

Provide your full legal name. If your name has changed, this form will be used to update your current voter record.

3: Identification Information

You must provide your date of birth **and** one of the following:

- A NC Driver's License or DMV ID card number
- The last 4 digits of your social security number

4: Home address

Provide your residential (home) address. **However**, if you moved and have no plans to return to your former residence, provide your new address here. Signing in Section 10 will update your voter registration. If your new address is in a different county, you will not be able to update your address using this form and will need to submit new voter registration form in your new county. Provide a mailing address in Section 5 if different from your residence.

5: Ballot mailing address

Indicate where you would like your ballot to be sent. If you do not want your ballot to be sent to your residential or mailing address, provide another address here.

If you require an accessible electronic ballot *due to visual impairment* provide your email in Section 6.

6: Voter's Contact information

Your contact information is optional and is helpful if we have questions about this request or about any issues with your voted absentee ballot.

7: Requesting a ballot for a voter

A near relative or legal guardian may request a ballot for a voter but may not make changes to the voter's registration record. A near relative is a voter's:

- Spouse
- Brother or sister
- Parent or stepparent
- Mother/father-in-law
- Child or stepchild
- Son/daughter-in-law
- Grandparent/Grandchild

Any person may request an absentee ballot for a voter **who needs assistance making the request due to disability.** Under the Americans with Disabilities Act, a disability is a physical or mental impairment that causes someone to be substantially limited in a major life activity. *When requesting a ballot on behalf of a voter, the requester must complete and sign this section.*

8: Assisting a voter in filling out or returning this form

If you are helping a voter fill out or return their form, complete this section. *The voter will still need to sign or make their mark in Section 10.* Any voter may receive assistance from their near relative or verifiable legal guardian. A voter who needs assistance completing or returning their request form due to their blindness, disability, or inability to read or write may receive assistance from a person of their choice.

For voters living in a facility (clinic, nursing home, or adult care home) who do NOT require assistance due to a disability, certain limitations apply:

The voter must first seek to have a near relative, legal guardian or Multipartisan Assistance Team (MAT) to assist with requesting a ballot. If none of these options are available within 7 days of making a request for a MAT, the voter may get assistance from anyone who is **not**:

- An owner, manager, director, or employee of the facility
- An elected official, a candidate, or an officeholder in a political party
- A campaign manager or treasurer for a candidate or political party

9: Military or overseas

Complete this section if you claim North Carolina as your voting residence and are:

A U.S. citizen currently outside of the United States **or**
A member of one of the following, **or** a spouse or dependent of a member of one of the following:

- The active or reserve components of the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States who is on active duty
- A member of the Merchant Marines, the Commissioned Corps of the Public Health Service, or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States
- A member of the National Guard or State militia unit who is on activated status

10: Voter's signature

This form must be signed **by the voter** (unless a near relative or legal guardian or assistant is requesting a ballot on the voter's behalf and completes Section 7). If the voter cannot physically sign this form, they can make a mark. **A typed signature, including signature fonts, is not allowed.**

If you indicate that you have changed your name (Section 2) or address (Section 4), signing will update your voter registration.

Required sections are in red

2025 North Carolina Absentee Ballot Request Form

2025.01

Election date

Select ONLY **one** election date per form. Otherwise, you will not be sent a ballot.

Required

1

◯ **09/09/25 Partisan Primary** ◯ **10/07/25 Election or Primary** ◯ **11/04/25 Election or Runoff**

Unaffiliated Voters Only - In a partisan primary, you must choose which party's primary you will participate in. Choosing a party's ballot will not change your unaffiliated status.

◯ Democratic ◯ Libertarian ◯ Republican

◯ ***Due to*** continued or expected illness or disability, I am *also* requesting absentee ballots for all elections this year.

Print voter name

Any name change you give on this form will update your registration.

Required

2

Last name _____ Suffix (Jr, Sr., III, IV, if applicable) _____

First name _____ Middle name _____

Former name (***if*** your name has changed) _____

Identification Information

Required

3

Date of birth *(mm/dd/yyyy)* _____ **AND** NC Driver's License/DMV ID number _____

OR

Last 4 digits of your Social Security number _____

Home address

Provide your **residential** address (where you live).

Required

4

Street _____ Unit # _____

City _____ **NC** Zip _____ County _____

Have you moved in the last 30 days? ◯ Yes ◯ No If yes, date moved? (mm/dd/yyyy) _____

Mailing Address *(if different from above)*

Street _____ Unit # _____

City _____ State _____ Zip _____

Where should we send your ballot?

Check 1.

Required

5

◯ Your home address in Section 4 ◯ Your mailing address in Section 4

◯ The address below:

Street _____ Unit # _____

City _____ State _____ Zip _____

◯ ***Due to*** **visual impairment**, I require an accessible electronic ballot (Provide your email address in Section 6).

Voter contact information

6

Phone _____ Email _____

Requesting ballot on behalf of voter by near relative, legal guardian, or person the voter asks to help due to disability?

The **requester** must complete and sign in this section. See instructions about who can request for a voter.

7

Requester's Name _____ State your relationship to voter, or status as legal guardian or disability requester _____

Street _____ Unit # _____

City _____ State _____ Zip _____ Phone _____

Relative/legal guardian/disability requester, sign and date here (required if requesting on behalf of a voter)

Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the NC General Statutes.

X		Date *(mm/dd/yyyy)*

Assisting a voter to fill out or return this request?

If yes, complete this section. See instructions about who can assist a voter. ***Voter must sign in Section 10.***

8

Assistant's full name _____

Assistant's full address _____

_____

If the voter is in a care facility and needs assistance in voting and returning the ballot, enter the facility name below.

Facility Name _____

Are you a military member on active duty (including spouse/dependents) or a U.S. citizen outside the U.S.?

Only the voter may complete this section. Voter must already be registered in North Carolina.

9

◯ Uniformed Services or Merchant Marines on active duty

◯ U.S. citizen outside the U.S. (Overseas address required)

Overseas full address

_____

_____

_____

I want my ballot delivered to my:

◯ Email _____

◯ Fax _____

◯ Address indicated in Section 5

◯ Overseas address provided in this section

Voter's signature

Use a pen. No electronic signatures allowed.

Required

10

Voter, sign and date here *(Required unless ballot requested by a near relative, legal guardian, or disability requester)*

Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the NC General Statutes.

X		Date *(mm/dd/yyyy)*

Return form to the County Board of Elections by 5:00 pm on the second Tuesday before the election. Do not email or fax.

Drop it off in-person: Transylvania County Board of Elections

150 S. Gaston St. Brevard NC 28712

Mail it to: PO Box 868 Brevard NC 28712

For more information: https://transylvaniaelections.org