REQUEST FOR AN ABSENTEE BALLOT APPLICATION
(All Fields Must Be Completed)

THE REASON FOR YOUR REQUEST: RESIDENTS OF KENTUCKY AND THEIR DEPENDENTS WHO ARE MEMBERS OF THE ARMED FORCES (D or O) VOTER MUST SUPPLY OUT-OF-COUNTY / OUT-OF-STATE / OUT-OF-COUNTRY ADDRESS.

VOTER'S NAME:

DATE OF BIRTH: **LAST 4 DIGITS SS#:**

VOTER'S JEFFERSON COUNTY ADDRESS:

(For verification only. Application and ballot cannot be mailed to this address.)

CITY: LOUISVILLE STATE: KY ZIP: PHONE #:

E-MAIL ADDRESS:

PARTY AFFILIATION:

APPLICATION CODE: E-mailed

THIS REQUEST WILL NOT BE PROCESSED WITHOUT YOUR
OUT-OF-COUNTY / OUT-OF-STATE / OUT-OF-COUNTRY ADDRESS

ADDRESS APPLICATION IS TO BE MAILED:

Address:

City, County, State:

Zip Code:

Application requests must be made by the **Voter, Spouse, Parent, or Child of Voter**.

Submit by Email