

State of Maine  
Municipality of RAYMOND

RECEIVED	
Time: _____:	_____ a.m.
	_____ p.m.
Date: _____/____	19____

**Application for Absentee Ballot**  
MUNICIPAL **ELECTION**

JUNE 14, 2011, 19

I, \_\_\_\_\_, a registered voter of  
(Full Name) Raymond, Maine, am  
(Street Address) \_\_\_\_\_, (Municipality)

enrolled in the \_\_\_\_\_ party, or  
(Name of Party) N/A

not enrolled in a political party but wish to be enrolled in the \_\_\_\_\_ party.  
(Name of Party) N/A

I request an absentee ballot because I believe that I will be unable to vote in person at the voting place on election day or because I otherwise meet the requirements to vote by absentee ballot. (Other requirements include: religious beliefs; confinement in a nursing home, boarding home or congregate housing unit; and marginal literacy. **NO REASON NEED BE INDICATED ON THIS FORM.** (21-A MRSA §751).)

A. Send ballot to me at \_\_\_\_\_  
(Street Address, Municipality, State, Zip Code)

**OR**

B. Deliver ballot to \_\_\_\_\_  
(3<sup>rd</sup> Person designated to receive ballot for personal delivery to me)

Signature of Voter Or

Date: \_\_\_\_\_ Immediate Family Member: \_\_\_\_\_  
(Family member - Please also state family relationship)

**AIDE CERTIFICATE** (Complete if helped by an Aide)

If you received assistance in reading and/or signing this application, the person who assisted you must print and sign their name here:

I helped this voter either read and/or sign this application.

\_\_\_\_\_  
(Signature of Aide)

\_\_\_\_\_  
(Printed Name of Aide)

**~WARNING~**

**PERSON WHO FALSELY COMPLETES, SIGNS OR ALTERS AN ABSENTEE BALLOT APPLICATION OR ENVELOPE, OR BY DECEPTION CAUSES ANOTHER TO DO SO, HAS COMMITTED FORGERY (TO DO SO IS A CRIME)**

**DO NOT ENCLOSE THIS APPLICATION WITH THE VOTED BALLOT**