



Comanche Nation ELECTION OFFICE



ABSENTEE BALLOT REQUEST

Write in your address here, if different from address above:

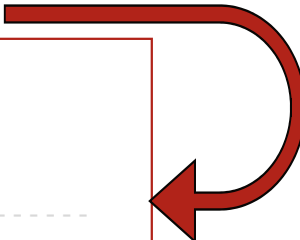
Name (please print)			
Address Line 1			
Address Line 2			
City	State	Zip Code	Telephone Number

OATH

I solemnly swear or affirm, that I am a qualified elector of the Comanche Nation of Oklahoma and that I am or will be eighteen (18) years of age or older on the date of the next election. I further swear or affirm that the information I have provided is true and correct.

YOUR SIGNATURE REQUIRED:

(For database purposes)



NOTICE:	
Check the box to the left of your selection:	
<input type="checkbox"/>	Temporary Absentee Voter - One Election Year
<input type="checkbox"/>	Permanent Absentee Voter - Every Tribal Election

DATE OF BIRTH

ENROLLMENT NUMBER

YOUR ABSENTEE REQUEST FORM MUST BE WITNESSED TO BE ACCEPTED.

WITNESSED BY: _____
Print Name Here

Sign Name Here