

REQUEST FOR EMERGENCY INCAPACITATED ABSENTEE BALLOT

CNEC USE ONLY

Voter ID # _____

Date Received _____

District _____

Precinct _____

Date Issued _____

Date Returned _____

Voter's Name _____ (Please Print)

Voter's Date of Birth _____

Voter's Residence Address _____

I am a registered voter with a physical incapacity that originated after 5:00 pm on Saturday preceding an election, and I am unable to vote at my regular Precinct. I hereby designate the person named below as my agent for purposes of absentee voting. Legislative Act 14-22 "Elections" Section 53:

Election _____ Election Date _____

Voter's Signature _____ Date _____

Any Candidate or other person who has made a false statement or violated any provision of the Cherokee Nation Election Law and deemed to be a crime are subject to prosecution, civil penalties, and damages.

Witness _____ Witness _____

(Witnesses required only if voter is unable to sign this form)

Agent's Name _____ (Please Print)

Agent's Signature _____

The person transmitting the request on behalf of the voter may be anyone of the voter's choosing at least eighteen (18) years of age; provided said person is not a candidate or employed by nor related within the third degree of consanguinity or affinity to any person whose name appears on the ballot.

SWORN STATEMENT BY PHYSICIAN

I swear that the above-named person is unable to vote in person at their precinct on the day of the election because of a physical incapacity originated after 5:00 pm on Saturday preceding this election.

Signature of Physician _____ Date _____

Print Name of Physician: _____

Title _____