

A.

AUTHORIZATION TO VOTE

Use this section to allow a voter to receive a non-provisional ballot

Sequence No. _____

UNA Voter Party (Primary Only) _____

PLACE LABEL HERE

or write

If ID required, write the type of ID shown:

Election Date _____

Voter Registration # _____

Ballot Style # _____

I hereby certify the address listed on the label is where I currently live or is as corrected below. I understand that, if I have moved from this address more than 30 days ago, it is a violation of NC law to claim my old address as my voting address. I further certify that I have not voted in this election.

Printed name and signature of voter _____

Official's initials _____

(Do Not Tear Off)

B.

CHANGE OR VERIFICATION OF NAME OR ADDRESS

Use this section to verify or change a voter's name or address in the registration records

Voter Registration # _____ Voter's name (please print) _____

Former name, if name change _____

Voter's current residence address (street, apt, city, zip code) _____

Address where you get your mail, if different _____

Previous address (if you moved within this county) _____

Date of birth _____ Daytime phone _____

Signature of Voter _____

I moved on:	More than 30 days... <input type="radio"/>
__ / __ / __	30 Days or Less..... <input type="radio"/>

C.

ELECTION DAY TRANSFER

Precinct officials use this section to send a voter from their old polling place to their new polling place after moving

This person is hereby authorized to vote in his/her new precinct after executing this form. (This entire form should be taken to the voter's new precinct.)

Old precinct # _____ New precinct # _____ Name of new polling place _____

New polling place address (building, street, city) _____

Party affiliation on record _____ Signature of precinct official _____

D.

CURBSIDE AFFIDAVIT

Affidavit of person voting outside voting place or enclosure

State of North Carolina, County of _____

I do solemnly swear (or affirm) that I am a registered voter in _____ precinct. That because of age or physical disability I am unable to enter the voting place to vote in person without physical assistance. That I desire to vote outside the voting place and enclosure. I understand that a false statement as to my condition will be in violation of North Carolina law.

Date _____ Voter address _____

Printed name of voter _____ Signature of Voter _____

Signature of precinct election official who administered oath _____