



Caddo Nation Election Board

Permanent Absentee Voter Request Form

I, _____, am a **registered Caddo Nation voter** and request to be placed on the **Permanent Absentee Voter List**. I understand this request is governed by applicable **Election Board Ordinances** and must meet qualifying criteria.

Voter Information

Full Name: _____ **Date of Birth:** ____ / ____ / ____

Mailing Address: _____

Phone Number: _____ **Email Address(optional):** _____

Caddo Nation Enrollment Number: _____

Eligibility Criteria

(Check all that apply)

Age 65 or older \ I am at least 65 years old.

Physical Disability or Mobility Limitation \ I have a qualifying permanent physical disability or medical condition.

Required Reason (Per Election Board Ordinance)

Please provide a brief explanation or supporting details for the eligibility category selected above:

Certification

I certify that the information provided is true and correct. I understand that once approved for **Permanent Absentee Status**, absentee ballots will be mailed to me for all eligible elections unless I request removal or my eligibility changes.

Signature: _____

Date: ____ / ____ / ____

For Election Office Use Only :

Application Received: ____ / ____ / ____ \ **Reviewed By:** _____

Approved / Denied: _____

Notes: