

**ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL**

ABSENTEE INFORMATION			
<input type="checkbox"/> <b>PERMANENT ABSENTEE VOTER</b> I hereby request an absentee ballot for all Osage Nation Elections.		<input type="checkbox"/> <b>TEMPORARY ABSENTEE VOTER: Expires 12/31/24</b> I hereby request an absentee ballot for all Osage Nation Elections.	
<input type="checkbox"/> <b>ABSENTEE ADDRESS SAME AS MAILING ADDRESS ABOVE</b>			
<b>ABSENTEE ADDRESS</b>		<b>CITY</b>	<b>STATE</b>
			<b>ZIP</b>

By signing below and submitting this applications, I swear and affirm that I am eligible to receive Osage Nation absentee ballots that I have requested and confirm that the information provided on this form is true and correct.

If voter is unable to write, he/she shall make his/her mark above, and same shall be witnessed by two persons who shall sign their names in the space provided.

<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> INCOMPLETE <input type="checkbox"/> NON-MEMBER	
DATE COMPLETED	