



ABSENTEE BALLOT REQUEST

*This is the **ONLY** form used to request an Absentee Ballot.*

Last Name

First Name

Middle Name

Maiden, Suffix, Alias(es)

Phone Number

E-mail Address

Birth Date

Enrollment Number

*ALL Absentee Ballot
Requests will be
confirmed upon receipt.
If you have not received
a phone call, e-mail, or
letter from the Election
Office within 3-5 days
of submitting your
application please call
(877) 560-5286
IMMEDIATELY.*

Make me a PERMANENT ABSENTEE BALLOT VOTER **YES** **NO**

By choosing yes, you will automatically receive an Absentee Ballot for every election. Please understand that it is your responsibility as a voter to update your address with the Election Office.

Please send an absentee ballot to me at:

Mailing Address

City

State

County

Zip

COPY OF PHOTO ID REQUIRED

COPY MUST BE A LEGIBLE GOVERNMENT ISSUED PHOTO ID
Examples: Driver's License, Passport, Military ID, Tribal Photo ID, etc.

I, being an enrolled member of the Osage Nation, eighteen (18) years of age or older on the date of the election, and whose name is on the Osage Voter Registry, hereby make application for an Official Absentee Ballot, to be used by me to vote in the Osage Nation Elections. I understand that it is my responsibility as a voter to ensure that the application is complete when sent to the Election Office. By signing, I declare that the foregoing statements are true.

**YOU ARE REQUIRED TO SIGN THE SAME WAY YOU WILL
SIGN THE ABSENTEE BALLOT RETURN ENVELOPE**

Signature

Date

RETURN THIS FORM BY:

Mail: Osage Nation Election Office, P.O. Box 928, Pawhuska, OK 74056
Fax: (918) 287-5292
E-mail: electionoffice@osagetribe.org
In Person: 608 Kihekah, Pawhuska, OK (NOT a mailing address.)

OFFICE USE ONLY

REC'D: _____

ID REC'D: _____