Flathead County Clerk & Recorder
Historic Courthouse
800 S Main St – Room 115
Kalispell, MT 59901-5420

Website: http://flathead.mt.gov/election

Debbie Pierson
Clerk & Recorder
Auditor/Surveyor
Election Administrator
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It's Election Time! In order to save you time and ensure accuracy of your voting materials, please take a moment to update your voter registration and/or to conveniently request an absentee ballot.

1 Check all that apply: ☐ New Registration ☐ Name Change ☐ Address Change ☐ Signature Update ☐ Other

2 Are you a citizen of the United States?* ☐Yes ☐No
Will you be at least 18 years of age on or before the next election?* ☐Yes ☐No
Will you be a Montana resident for at least 30 days before the next election?* ☐ Yes ☐No
***If you checked "No" in response to any of these questions, do not complete this form.**

3 Last Name*	First Name*	Middle Name	Suffix (Jr., Sr., Etc.)
4 Date of Birth* _____/_____/_____ month day year	Contact Phone Number	Email Address	

5 Select one of the following and provide the required information*

I have a Montana Driver's License or Montana ID and that number is _ _ _ _ _ _ _ _ _ _ _ _ _ _

I do not have a Montana Driver's License or MT ID card. The last 4 digits of my SSN are _ _ _ _

I do not have a Montana Driver's License or MT ID card, or a Social Security Number. I have attached a copy of a photo ID that shows my name, or acceptable ID that shows my name and current address *(paycheck stub; utility bill; bank statement; or government document).*
ID numbers provided above are kept confidential and are not available for public inspection.

6 Montana Residence Address*	City*	County*	Zip Code*
7 Mailing Address (required if differs from residence address)	City	State	Zip Code

8 If applicable, check one of the following:
☐Military Domestic (or military spouse or dependent) – only if on active duty and will be absent from place of registration
Military Overseas (or overseas military spouse or dependent) ☐ U.S. Citizen Overseas

PREVIOUS REGISTRATION INFORMATION – will be used to provide cancellation information to former jurisdiction
REQUIRED IF NAME CHANGED OR IF PREVIOUSLY REGISTERED TO VOTE IN ANOTHER MT COUNTY OR IN ANOTHER STATE

9 Previous City, County and State	Residence Address of Previous Registration	Previous Registration Name

ABSENTEE LIST – CHECK BELOW IF YOU WISH TO BE PLACED ON THE ABSENTEE LIST

☐**Yes,** I request an absentee ballot to be mailed to me for all elections in which I am eligible to vote as long as I reside at the address listed on this application. I understand that in order to continue to receive an absentee ballot, I must complete, sign, and return an address confirmation notice mailed to me by the county election office in January of each even-numbered year.

If your mailing address differs during certain times of the year please add the seasonal mailing address information in this space, or contact your county election office. Seasonal mailing address for the period of

____/____/_____ through ____/____/_____ Seasonal Mailing Address:_____

APPLICANT AFFIRMATION

I affirm under penalty of perjury that the information on this application is true, that I am a citizen of the United States, that I will be at least 18 years old on or before the next election, that I will have been a resident of Montana for at least 30 days prior to the next election, and that I am not serving a felony conviction in a penal institution nor have been found to be of unsound mind by a court. I understand that if I have given false information on this application, I may be subject to a fine or imprisonment, or both, under federal and/or state law.

Signature*_____Date*_____

THE AFFIRMATION ON THIS APPLICATION FOR VOTER REGISTRATION MUST BE SIGNED BY THE APPLICANT – FAILURE TO DO SO WILL PREVENT APPLICATION FROM BEING PROCESSED.