Lumbee Tribe of North Carolina
Board of Elections

Absentee Ballot Request Application

This application must be completed for your requested Absentee ballot for your vote to be counted in the Tribal Election to be held on November 10, 2020. If you are requesting the absentee ballot for yourself, complete Section I and Section II. If you are requesting the absentee ballot for a near relative, complete Section I on your relative (the person to whom the absentee ballot will be sent), and section III on yourself.

ALL ABSENTEE BALLOTS REQUEST MUST BE RECEIVED IN OUR OFFICE BY October 11, 2020.

ALL RETURNED BALLOTS MUST BE RECEIVED IN THE POST OFFICE BOX AND RETRIEVED BY THE BOARD OF ELECTIONS BY 5:00 P.M. ON November 06, 2020.

***Any person who falsifies this application will not be allowed to VOTE***

SECTION I

1. Please print the full name of the tribal voter in the space below:

___________________________________________________

Last                                          First                                        Middle                                        (Maiden)

2. Voter’s Enrollment Number __________________ Chart/Entity Number ________________________

3. What is the Voter’s date of birth? _________________________________ 4. Age ________________

**Telephone Number (          ) __________________________________

5. Please PRINT the Voter’s mailing address in the space below: 6. Please PRINT the Voter’s physical address in the space below:


7. Tribal District # ________________ (Transfer number from Page 3)
8. Place an X mark to the left to the statement below that describes the reason you will be unable to vote at the Polling Site on election day (11/10/2020):

   __________ Will be at work   __________ Live outside the Tribal Territory

   __________ Unable to get to polling site because of health or sickness
SECTION II: CERTIFICATION BY VOTER

I hereby certify that the above information is correct and that I am an eligible voter requesting an absentee ballot.

_________________________ __________________________
Signature of Voter Date

SECTION III: CERTIFICATION

(Complete on yourself if requesting an absentee ballot for another person)

I hereby certify that the person named in Section 1 Line 1 is a near relative for whom I am requesting an absentee ballot. I further state my relationship to the person named in Section I, Line I is:

(Check the one that applies)

__________ Parent  ___________ Grandparent
__________ Child    ___________ Grandchild
__________ Spouse    ___________ Legal Guardian
__________ Brother  ___________ Sister

My Date of Birth is ___________________________  Age _______________________

_________________________ __________________________
Print full name above Signature Date

RETURN by U.S. Mail to: Lumbee Elections Board
Post Office Box 1799
Pembroke, NC 28372

***An application for an absentee ballot received by fax or email will NOT be accepted. ***
DESIGNATION OF TRIBAL DISTRICT FOR PURPOSE OF TRIBAL VOTING IF LIVING OUTSIDE THE LUMBEE TERRITORY

You are entitled to vote in tribal elections if you are an enrolled adult tribal member living outside the tribal territory (Robeson, Scotland, Hoke, and Cumberland Counties, N.C.). However, you must declare a voting district for purpose of tribal voting. The district you select is a permanent designation and should include the community where you or your ancestors grew up, or the community you consider “home” inside the Lumbee territory.

HOW TO DESGINATE YOUR TRIBAL DISTRICT:
Listed below is a description of the Lumbee Tribal Territory. Precincts lying inside the county of Robeson are italicized. Please place an X mark beside the precinct that you are designating for purpose of tribal voting. The corresponding district# should be entered on line 7, Section I of the Absentee Ballot Request Application. No ballot will be forward to any voter who fails to fully complete the Absentee Ballot Application and/or fails to meet all other voting requirements.

Voter’s Full Name: ____________________________________________________________
Voter’s Enrollment: _______________________________ Chart/Entity #_________________

District 1:   ____Gaddy _____Rowland _____Orrum _____Sterling ___Whitehouse _____Thompson
District 2:   ______Back Swamp _______Fairmont 1&2 _________Smyrna
District 3:   ______W. Howellsville _______Lumberton (all precincts)
District 4:   ______Red Springs 1&2 _______Philadelphia
District 5:   ______Oxendine _______Prospect
District 6:   ______Raft Swamp ________North Pembroke
District 7:   ______South Pembroke _______Union
District 8:   ______Burnt Swamp
District 9:   ______Saddletree
District 10:  ______Shannon _________Rennert _________South St. Pauls
District 11:  ______Hoke County
District 12:  ______Scotland County _______Maxton ________Alfordsville
District 13:  ______Cumberland County _____Parkton ________Lumber Bridge _______North St. Pauls
District 14:  ______East Howellsville _______Wisharts ________Britt

Voter’s Signature (if completed by voter) Date

___________________________________________________________

Signature of Near Relative (if completed by someone other than voter) Date

___________________________________________________________

Relationship of Near Relative to Voter: ____________________________