

# Absentee Ballot Request

## Delaware Tribe of Indians

Date: \_\_\_\_\_ Delaware Registration #: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last Maiden  
( & previously married name(s) if any)

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Send form to:  
**Delaware Tribe Election Board**  
**P.O. Box 1198**  
**Bartlesville, OK 74005**