Warm Springs, OR 97761 Phone: 541-553-1161 Fax: 541-553-1924



ABSENTEE BALLOT AFFIDAVIT Baseline Referendum – March 15, 2019

I,	, do solemnly state th	at I am a member of the Confederated
	of the Warm Springs Reservation of Oregon; that I wil	
	d at the election date and am entitled to vote in the e	9,
	am registered to vote in district, and that I cannot	
reserva	ation on the date of the election because (indicate one of	of the following reasons):
	4) I amount to be absent from the recommendation.	7
	 I expect to be absent from the reservation [because of illness []]
	3) physical disability []]
	3) physical disability	J
I furth	er swear that I marked the enclosed ballot in secret.	
<u>-</u>		_
	Signature	Date
-	Printed Name	_
	Printed Name	
On this	s day of, 20, I hereby certif	y that the voter exhibited the ballot to
me un	marked; that he then in my presence and in the pres	
manne	r that I could not see his vote, marked such ballot and	d enclosed and sealed the same in the
envelo	pe marked "Absentee Ballot."	
-	TAT'1	_
	Witness	
-	Printed Name	_
	1 Timed Ivaine	
-	Witness	_
_		_
	Printed Name	

Place the sealed envelope marked "Absentee Ballot" together with the witness certification in the outer envelope, and mail or have it delivered. Absentee Ballots must be received by the Chief Statistician not later than the close of the polls on Election Day. Mailing address: Chief Statistician, PO Box 925, Warm Springs, OR 97761. In person: Vital Stats, Chief Statistician, 1233 Veterans Street, Warm Springs, OR 97761.

www.warmsprings-nsn.gov