SAMPLE ABSENTEE REGISTER

City of _____ Absentee Register

#	PRINTED NAME (First, MI, Last)	SIGNATURE	DATE	ONE IDENTIFIER (SSN # - Last 4 digits of SSN, Voter # , ADL# or Birth Date)
1				
2				
3				
4				
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9				
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11				
12				
13				
14				
15				
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17				
18				
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20				

Election Worker
Signature:_____ **Date:**_____