

Instruction Page

(Name of Facility)
(Facility Phone Number)

If you choose to use letterhead, please delete these lines; otherwise, replace them with your facility information.

LONG TERM CARE IDENTIFICATION CERTIFICATE

Resident's Full Name

(Resident Full Name)

Resident's Address at Facility as of (MM/DD/YYYY)

(Resident street address at facility)
(City) (State) (Zip)

Current date or date 30 days prior to the election if within that timeframe.

Address of the facility or the resident's address at the facility. This address will allow the resident to vote in the precinct of the facility.

Resident's Permanent or Previous Address

(Home/Permanent Street Address)
(City) (State) (Zip)

Resident's address before entering the facility. This address will allow the resident to vote in the precinct in which he or she lived before entering the facility.

Resident's Date of Birth

(MM/DD/YYYY)

Resident's Signature, Stamp, or Mark _____

Only applicable if the resident is unable to sign and has to sign by way of mark.

Witness to the Mark (if Applicable) _____

Date _____

Only used by those who have entered the facility from out of state who wish to claim North Dakota as their residence.

Driver's License Number and State (if available) _____

The resident will need to relinquish the printed certificate to the pollworker or include it with their absentee ballot application.



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Resident's Permanent or Previous Address

(Home/Permanent Street Address)
(City) (State) (Zip)

Resident's Date of Birth

(MM/DD/YYYY)

Resident's Signature, Stamp, or Mark _____

Witness to the Mark (if Applicable) _____

Date _____

Driver's License Number and State (if available) _____

