

Authorization to Return Absentee Ballot

A voter can use this form to allow an immediate family member or an Authorized Representative to return their ballot.

- Voter completes and signs Section 1. Returnee completes and signs Section 2.
- Returnee must return this form and ballot envelope in person at voter’s county elections office or early voting center.
- Returnee must present an acceptable Photo ID (see list below).
- Returnees are limited to five returns in addition to their own per election. Returning more than five is a felony punishable by up to a \$1,000 fine and/or up to five years in prison.
- **Do not place this form in the envelope containing your ballot.**

Section 1 – Voter			
Name			
I hereby authorize _____ to return my absentee ballot(s) (Name of Returnee)			
to the _____ County Board of Voter Registration.			
Signature of Voter		Date	
If voter cannot write because of disability or illiteracy, voter must make mark and have mark witnessed by person designated by voter.			
Witness (only if voter is using a mark) _____ Date _____			

Section 2 – Returnee (complete either Immediate Family Member or Authorized Representative section)			
Name		Date of Birth	
Address			
<input type="checkbox"/> I am an Immediate Family Member of Voter (circle one): Spouse, parent, child, brother, sister, grandparent, grandchild, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law.			
<input type="checkbox"/> I am an Authorized Representative (check each box to confirm the condition applies to you and sign the affirmation below)			
<input type="checkbox"/> I am a registered voter.			
<input type="checkbox"/> I have been asked by a registered voter to return an absentee ballot on their behalf.			
<input type="checkbox"/> I am not a candidate, a member of a candidate’s paid campaign staff, or a campaign volunteer.			
<input type="checkbox"/> The voter for whom I am returning a ballot is unable to go to the polls due to either:			
<ul style="list-style-type: none"> • An illness or disability and is confined in a hospital, sanatorium, nursing home or place of residence; or • A physical handicap prevents the voter from going to his polling place due to existing architectural barriers which deny him physical access to the polling place, voting booth or voting apparatus or machinery. 			
I swear, or affirm, that I meet the requirements to return this ballot either as an Immediate Family Member or an Authorized Representative as indicated above. I understand I am limited to no more than five absentee ballot returns per election in addition to myself.			
Signature of Returnee		Date	

OFFICE USE ONLY – Check Type of Photo ID Provided by Returnee			
<input type="checkbox"/> Driver's license (SC)	<input type="checkbox"/> Other ID with photo issued by DMV (other state)		
<input type="checkbox"/> Driver's license (other state)	<input type="checkbox"/> Passport		
<input type="checkbox"/> Other ID with photo issued by DMV (SC)	<input type="checkbox"/> Federal military ID with photo		
	<input type="checkbox"/> SC voter registration card with photo		
Date Received		Time Received	