CADDO NATION OF OKLAHOMA
PO BOX 304
BINGER, OKLAHOMA 73009-0304
(405) 656-2344/2345 – FAX: (405) 656-2551/2892

Voter Registration

Name: _____
First   Middle   Maiden   Last

Date of Birth: _____/____/_____ Contact Phone: # (____) _____-_____ ( ) Home ( ) Cell

Mailing Address: _____ Voting District: _____

City: _____ State: _____ Zip Code: _____ ROLL#_____

(If you go by any name other than what you are enrolled under, please list below.)

_____

(Please check at least one of the following.)

_____ New Voter – I have never registered to vote.

_____ I give The Caddo Nation General Election Board permission to release my information (i.e., Name, Address, Phone Number) to the Caddo Nation for the purpose of receiving the Caddo Nation Newsletter & other correspondence

_____ I am updating your files with current information. (Please include all names you have been identified)

_____ I am requesting an absentee ballot to vote because of the following:
(Please check one)

____ Temporary Absentee Voter – I am qualified resident voter and will not be able to vote in my district on The day of the <u>next</u> general election (due to illness, travel, etc....)

____ Permanent Absentee Voter – I am a qualified resident voter and request to become a permanent absentee Voter because I am 55 years of age or older, or have infirmities which make it difficult for me to vote "In person" at the polling place in my district.

____ Nonresident Status – I am a registered voter who resides more than thirty-five (35) miles from the nearest Polling place

As an enrolled member of the Caddo Nation, I do hereby request that my name be added to the register of qualified voters list. I understand that I will be eligible to vote during the Caddo Nation Elections both General & referendum according to my conscience concerning issues & elections of the Tribal Officials.

Signature: _____ Date: ____/____/_____

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This Registrant has met the Requirements for Registration as a Qualified Voter of the Caddo Nation of Oklahoma.

Election Board Registrar: _____ Date: ____/____/_____

Revised: 2016