



Ballot Collection Registry

This form is used by someone delivering a ballot for another elector pursuant to the Montana Ballot Interference Prevention Act (Mont. Code Ann. 13-35-701 et al). **You are limited to returning six ballots for voters other than yourself per election.** Violations are punishable by a fine of \$500 for each ballot unlawfully collected. This form is not required to collect/deliver your own ballot.

Complete this form if you are delivering another person's ballot. Note: You do not need to complete this form to return your own ballot.

Your Last Name: _____ Your First Name: _____

Your Phone Number: _____

Check one: I am registered to vote and my address is the same as appears in my voter registration.

I am not registered to vote, my address is: _____

X Your Signature: _____

Please list below the name, address, and how you are related to each person whose ballot you are delivering. Please **do not list yourself**.

	Name of person(s) whose ballot I am returning, not including my own	Address of person whose ballot I am returning	Relationship <i>(Definitions are provided below)</i>
1		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Household <input type="checkbox"/> Family <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver
2		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Household <input type="checkbox"/> Family <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver
3		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Household <input type="checkbox"/> Family <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver
4		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Household <input type="checkbox"/> Family <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver
5		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Household <input type="checkbox"/> Family <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver
6		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Household <input type="checkbox"/> Family <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver

Pursuant to 13-35-702, MCA the following definitions apply:

Family member means an individual who is related to the voter by blood, marriage [**spouse**], adoption, or legal guardianship.

Household member means an individual who resides at the same residence as the voter.

Acquaintance means an individual known by the voter.

Caregiver means an individual who provides medical or health care assistance to the voter in a residence, nursing care institution, hospice facility, assisted living center, assisted living home, residential care institution, adult day health care facility, or adult foster care home.

For Election Office Use Only

County: _____

Election: _____

Date of Receipt: _____