

2026 ABSENTEE BALLOT REQUEST APPLICATION



ALL INFORMATION IS REQUIRED UNLESS INDICATED AS OPTIONAL WITH AN ASTERISK*

VOTER INFORMATION					
1. LAST NAME		2. FIRST NAME		3. MAIDEN, SUFFIX, ALIAS(ES) *	
4. BIRTHDATE	5. MEMBERSHIP #	6. PHONE # *	7. EMAIL ADDRESS *		
8. MAILING ADDRESS			9. CITY	10. STATE	11. ZIP

ABSENTEE INFORMATION				
<input type="checkbox"/> 12. PERMANENT ABSENTEE VOTER I hereby request an absentee ballot for all Osage Nation Elections.		<input type="checkbox"/> 13. TEMPORARY ABSENTEE VOTER I hereby request an absentee ballot for all Osage Nation Elections for the calendar years 2025 & 2026.		
<input type="checkbox"/> 14. ABSENTEE ADDRESS IS THE SAME AS THE MAILING ADDRESS ABOVE				
15. ABSENTEE ADDRESS		16. CITY	17. STATE	18. ZIP

✦ COPY OF PHOTO ID REQUIRED TO BE SUBMITTED WITH THIS FORM ✦

By signing below and submitting this application, I swear and affirm that I am eligible to receive the Osage Nation absentee ballots that I have requested and confirm that the information provided on this form is true and correct.

VOTER SIGNATURE

DATE SIGNED

If the voter cannot write, he/she shall make his/her mark above, and the same shall be witnessed by two persons who shall sign their names in the space provided.

WITNESS SIGNATURE

WITNESS SIGNATURE

RETURN TO →	EMAIL: electionoffice@osagenation-nsn.gov	MAIL: Wahzhazhe Elections, PO Box 928, Pawhuska, OK 74056
	FAX: 918-287-5292	IN PERSON: 608 Kihekah Ave.

PRIVACY PROGRAM: The Privacy Program was established so voters can have their names and addresses omitted from the publicly accessible lists provided to any voter requesting a copy of the Osage Voter Registry for political purposes.

YOU WILL:

- Remain on the Osage Voter Registry
- Still be able to vote in any Osage Nation Election
- Continue to receive mail from Wahzhazhe Elections

YOU WILL NOT:

- Receive campaign material from candidates
- Receive mail from voters applying for petitions for recall, referenda, initiative, or constitutional amendment

Would you like us to send you a Privacy Program application? YES

FOR OFFICE USE ONLY

- INCOMPLETE
 NON-MEMBER

DATE COMPLETED

✦ VOTERS ARE RESPONSIBLE FOR VERIFYING APPLICATION DELIVERY ✦

FOR QUESTIONS: EMAIL: electionoffice@osagenation-nsn.gov CALL: 877-560-5286 or 918-287-5286