APPLICATION FOR OFFICIAL ABSENTEE BALLOT

NOTE: You may submit your application by mail, by facsimile transmission, or in person. A disabled or illiterate voter may receive assistance.

County or Municipality: _____ **Application Date:** _____

PLEASE PRINT *(FAILURE TO FILL OUT THIS FORM COMPLETELY WILL DELAY YOUR APPLICATION)*

Name as registered: _____ **Date of Birth:** _____

Address as registered: _____
(CITY) (STATE) (ZIP)

Mailing address on registration record: _____
(CITY) (STATE) (ZIP)

Date of Primary, Election, or Runoff: _____ **If requesting ballot for primary, designate ballot type:**
☐ **DEMOCRATIC** ☐ **REPUBLICAN**

PLEASE CHECK THE APPROPRIATE BOX: (circle one of the codes below)

☐ **ABSENTEE VOTING:** Please **see reverse side** for description of codes and circle **one** of the codes below:

E OP D CG EO RH PS MST MOS OSP OST NR (By Mail Only)*

☐ **ADVANCE VOTING (In Person Only): Monday** - Friday of the week immediately preceding the election; not required to provide a reason.

MANNER IN WHICH ABSENTEE BALLOT IS PROVIDED:

☐ Ballot to be mailed to voter.
☐ Ballot issued and voted in registrar's office.
☐ Ballot to be delivered to voter in hospital (at Registrar's discretion).
☐ Mail ballot to my temporary out-of-county address (or alternate address in the case of a physically disabled voter).
Address to mail ballot to: _____

MILITARY/PHYSICAL DISABLED/ 75 YEARS OR OLDER VOTERS:

You may choose to submit one application and receive a ballot for the Primary, Primary Runoff, Election, and Election Runoff if you meet the following criteria:

☐ A member of the **Armed Forces or Merchant Marines of the United States** or a spouse or dependant living outside the county or municipality in which the election is held or a civilian permanently or temporarily residing overseas; or
☐ **A voter age 75 or older,** or
☐ **A voter with a physical disability.**

} **Important: A separate application must be made for the Presidential Preference Primary if you are in one of these categories.**

☐ By checking this box you are stating: I meet the above criteria and I choose to receive all absentee ballots as allowed by law.

I request that the ballot be mailed to: _____

_____ SIGNATURE OR MARK OF VOTER

_____ Signature of person preparing application if voter is disabled or illiterate

VOTERS RESIDING TEMPORARILY OUT OF COUNTY/MUNICIPALITY OR VOTERS WITH A PHYSICAL DISABILITY RESIDING WITHIN THE COUNTY/MUNICIPALITY:

In the case of a voter residing temporarily out of the county/municipality or a physically disabled voter residing within the county/municipality, application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, or sister-in-law of the age of 18 or over upon completing the following oath:

I, the undersigned, do swear (or affirm) that the above named voter is:

☐ Residing temporarily out of the county/municipality.
☐ A physically disabled voter residing within the county/municipality and that the facts included within this application are true.

_____
Signature and relationship of relative requesting ballot

I hereby certify that: **Office Use Only**

☐ The voter named is eligible to receive an absentee ballot
☐ The voter named is ineligible to receive an absentee ballot

Date Application Received: _____
Date Ballot Mailed: _____
Date Ballot Returned: _____
Type of Identification: _____

Voter Registration #: _____
Precinct ID: _____
District Combo#: _____
Reason for rejection: _____

Signature of Registrar/Clerk: _____

Description of Codes

E	75 years of age or older.
OP	Out of my precinct all day on primary or election day from 7:00 a.m. to 7:00 p.m.
D	Unable to vote in person because of physical disability.
CG	Unable to vote in person because you are required to give constant care to someone who is physically disabled.
EO	Election official who will perform official acts or duties in connection with the primary or election.
RH	Unable to be present at the polls because the date of the primary or election falls on a religious holiday which you observe.
PS	Unable to be present at the polls because you are a public servant required to be on duty in your precinct from 7:00 a.m. to 7:00 p.m. on election day.
MST	Military stateside and out of your precinct because you are currently on active duty.with the military.
MOS	Military overseas and out of your precinct because you are currently on active duty with the military.
OST	Citizen of the United States temporarily residing overseas.
OSP	Citizen of the United States permanently residing overseas (You will receive only the Federal Offices: President, Vice President, U.S. Senator, and U.S. Congressman.).
NR	Requesting an absentee ballot by mail and not required to provide a reason **(By Mail Only)**. *** (THE ABSENTEE BALLOT WILL BE MAILED TO YOUR ADDRESS AS REGISTERED)**

O.C.G.A Section 21-2-384 (c), 21-2-570

I understand that the offer or acceptance of any other object of value to vote for any particular candidate, list of candidates, issue, or list of issuses in this election constitutes an act of voter fraud and is a felony under Georgia law.

SPECIAL NOTE REGARDING ASSISTING VOTERS:

STATE, COUNTY, MUNICIPAL ELECTIONS – A physically disabled or illiterate elector may receive assistance in preparing his/her ballot from one of the following: any elector who is qualified to vote in the same county or municipality as the disabled or illiterate elector; an attendant care provider or a person providing attendant care; or the mother, father, grandparent, aunt, uncle, brother, sister, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law of the disabled or illiterate elector. The person rendering assistance to the elector in preparing the ballot shall sign the oath printed on the same envelope as the oath to be signed by the elector. If the disabled or illiterate elector is sojourning outside his or her own county or municipality, a notary public of the jurisdiction may give such assistance and shall sign the oath printed on the same envelope as the oath to be signed by the elector. No person shall assist more than ten such electors in any primary, election, or runoff in which there is no federal candidate on the ballot. ***O.C.G.A./21-2-385(b).***

FEDERAL ELECTIONS – Any voter who requires assistance to vote by reason of blindness, disability, or inability to read or write may be given assistance by a person of the voters choice, other than the voters employer or agent of that employer or officer or agent of the voters union. ***42 U.S.C./1973aa-6***