_____ COUNTY or MUNICIPALITY GA Driver's License # _____

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

PLEASE PRINT *(FAILURE TO FILL OUT THE FORM COMPLETELY COULD DELAY YOUR APPLICATION)*

Date of Primary, Election, or Runoff: _____/_____/20____

FOR PRIMARY ELECTIONS ONLY (please check one): ☐ **DEMOCRATIC** ☐ **NON PARTISAN** ☐ **REPUBLICAN**

APPLICATION DATE	DATE OF BIRTH	DAYTIME CONTACT NUMBER (optional)	EMAIL ADDRESS(required for UOCAVA Voter requesting electronic transmission)
_____/_____/_____	_____/_____/_____	(_____) _____-_____	

NAME AS REGISTERED	LAST	FIRST	MIDDLE
ADDRESS AS REGISTERED	STREET #	CITY	ZIP CODE

☐ Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled voter).

# STREET	CITY	STATE	ZIP CODE

Note: You must file a separate application for each election for which you are requesting an absentee ballot (*see exceptions below for voters over the age of 65,disabled, or military or overseas citizens). You may file your application up to 180 days prior to the Date of the Election.

*** EXCEPTIONS:**

If you meet the following criteria, you may choose to complete one application and receive a ballot for the General Primary, General Primary Runoff (if any), General Election, and General Election Runoff (if any) by checking one of the following boxes:

☐ E - Elderly - I am 65 years of age or older.

☐ D - Disabled - I have a physical disability.

☐ U – UOCAVA Voter - Member of armed forces or Merchant Marines of the United States, commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration, spouse or dependent residing with or accompanying said member, or a United States citizen residing overseas. My current status is **(please mark one)**:

☐ MOS – Military Overseas ☐ MST – Military Stateside

☐ OST – Overseas Temporary Resident ☐ OSP – Overseas Permanent Resident (federal offices only)

For UOCAVA Voters Only - I would like to receive my absentee ballots by electronic transmission ☐.

➡ _____ **SIGNATURE OR MARK* OF VOTER - REQUIRED**

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

You may apply on behalf of another person only in the following circumstances: In the case of a voter residing temporarily out of the county or a physically disabled voter residing within the county, 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 (check one): ☐ residing temporarily out of the county or is a ☐ physically disabled voter residing within the county and that the facts included in this application are true.

➡ _____

SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT - **REQUIRED**

OFFICE USE ONLY

Voter Registration #_____

DIST. COMBO _____PRECINCT_____

APPLICATION RECEIVED DATE _____

BALLOT # _____ ISS. DATE _____

CERTIFIED DATE _____ REJECTION DATE_____

ID SHOWN: GADL ☐ OTHER _____

Ballot to be: ☐Mailed ☐ Electronically Transmitted

☐Delivered to voter in hospital by Registrar/Deputy Registrar

☐Voted in office (Municipal Only)

I HEREBY CERTIFY THAT THE ABOVE NAMED VOTER

☐ IS ELIGIBLE

☐ IS NOT ELIGIBLE TO RECEIVE AN ABSENTEE BALLOT

PACKET PREPARED BY: _____

PACKET REVIEWED BY:

REASON FOR REJECTION: _____ _____

Registrar Signature _____

FORM #ABS-APP-14

O.C.G.A Sections 21-2-384(c) and 21-2-570

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

SPECIAL NOTE REGARDING ASSISTING VOTERS:

ALL ELECTIONS - If the applicant is unable to fill out or sign his or her own absentee ballot application because of illiteracy or physical disability, the applicant shall make his or her mark, and the person filling in the rest of the absentee ballot application must sign below the voter's name as a witness. ***O.C.G.A. Section 21-2-381(a)(1)(F).***

STATE, COUNTY, MUNICIPAL ELECTIONS – A physically disabled or illiterate voter may receive assistance in preparing his or her ballot from one of the following: any voter who is qualified to vote in the same county or municipality as the disabled or illiterate voter; 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 voter. The person rendering assistance to the voter in preparing the ballot must sign the oath printed on the same envelope as the oath to be signed by the voter. If the disabled or illiterate voter is staying 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 voter. No person shall assist more than ten such voters in any primary, election, or runoff in which there is no federal candidate on the ballot. ***O.C.G.A. Section 21-2-385(b).***

FEDERAL ELECTIONS – In preparing his or her ballot, a physically disabled or illiterate voter may receive assistance from a person of the voter's choice, other than the voter's employer or agent of that employer or officer or agent of the voter's union. ***42 U.S.C. Section 1973aa-6.***