

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
- Voter Registration #: _____
 Type of Identification: _____
 Reason for rejection: _____

Precinct ID: _____ Combo#: _____
 Registrar/Clerk: _____

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

Each voter must make their own application. A disabled or illiterate voter may receive assistance.

County or Municipality _____ Date: _____

Name as registered: _____

Address as registered: _____

Date of birth: _____ Date of Primary, Election, or Runoff: _____

(CITY)

(STATE)

(ZIP)

(If requesting Primary Ballot, designate Political Party by checking appropriate box) DEMOCRATIC REPUBLICAN

I request that my ballot be issued and I be allowed to vote in the registrar's office at this time

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

ABSENTEE VOTING (In Person Only): Please see reverse side for description of codes and circle one of the codes below:
E O P D C G E O R H P S M S T M O S O S P O S T

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

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,
 - A voter **age 75 or older**, or
 - A voter **physically disabled**
- 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

OATH OF ELECTOR

I, the undersigned, do swear (or affirm) that I am a citizen of the United States and of the State of Georgia; that my residence address is _____ County, Georgia; that I possess the qualifications of an elector required by the laws of the State of Georgia; that I am entitled to vote in the precinct containing my residence in the primary or election in which this ballot is to be cast; that I am eligible to vote by absentee ballot; that I have not marked or mailed any other absentee ballot, nor will I mark or mail another absentee ballot for voting in such primary or election; nor shall I vote therein in person; and that I have read and understand the instructions accompanying this ballot; and that I have carefully complied with such instructions in completing this ballot. I understand that the offer or acceptance of money or any other object of value to vote for any particular candidate, list of candidates, issue, or list of issues included in this election constitutes an act of voter fraud and is a felony under Georgia law.

Elector's (Voter) Date of Birth: _____

Elector's (Voter) Residence Address: _____

SIGNATURE (OR MARK) OF VOTER: _____

OATH OF PERSON ASSISTING ELECTOR (IF ANY)

I, the undersigned, do swear (or affirm) that I assisted the above-named elector in marking such elector's absentee ballot as such elector personally communicated such elector's preference to me, and that by reason of disability such elector is entitled to receive assistance in voting under provisions of subsection (a) of Code Section 21-2-409.

This, the _____ day of _____, 20____. Signature of person assisting voter: _____

Reason for assistance: (Check one): Elector is unable to read English Elector has a physical disability

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.)

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 issues 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*