

Application for Georgia Official Absentee Ballot

The information provided in this document is made under oath and penalty of law and will be used for official government purposes. When you sign this application, you affirm that you are a citizen of the U.S., currently reside in Georgia and are eligible to vote in Georgia. Giving false information on this application violates Georgia law and is punishable by a fine up to \$100,000, imprisonment for up to 10 years, or both.

Please print clearly. Be sure to complete all **required** sections.

| Date of Election | 1 | Date of Primary, Election, or Runoff (mm/dd/y | | | | | | | |
|--|---|---|---|---------------------------|--|--|--|--|--|
| Required | • | The application must be received by your election office* 11 days before the election. | | | | | | | |
| Print voter name Required | 2 | Your name as it appears on your voter registration. | | | | | | | |
| | | First Middle | Last | Suffix | | | | | |
| Type of ballot Required in primary | 3 | ☐ Democratic ☐ Republican ☐ | Non Partisan (will not have ANY party | candidates listed) | | | | | |
| Residential address Required Your ballot will be sent here unless you provide a temporary mailing address. | 4 | The residential or mailing address on your voter registration. If you no longer reside at the address where you are registered to vote, contact your county election office prior to submitting this application. Address | | | | | | | |
| Temporary ballot mailing address Only if you are temporarily living outside the county** and want your ballot | 5 | City County GA Zip This address must be in a different county** than the one where you are registered unless you are physically disabled or detained in jail or other detention facility. Address State Zip | | | | | | | |
| sent to this address. | | City | State | | | | | | |
| Contact information Recommended | 6 | Phone number Email address | | | | | | | |
| Voter identification Required | | Date of birth (mm/dd/yyyy) AND AND | ia Driver's License Number or State | dentification Card Number | | | | | |
| Print carefully. This information will be used to verify your identity. | | □ I do | OR O | Identification Card | | | | | |
| Failure to provide accurate information may delay processing your application. | | Instructions: • Make sure your identification on your ID card or document is visible. | | | | | | | |
| You must provide your date of birth AND • a Georgia Driver's License or Identification Card number OR • a copy of an acceptable identification from the list in the instructions. | 7 | Take a photo of your full completed application and submit it electronically to your elections office* (addresses are online: elections.sos. ga.gov/Elections/countyregistrars. do). You may also submit a hard copy of your application via U.S. mail or in person to your elections office*. If your acceptable form of identification does not fit in this box, please attach a copy and submit it with your application. | Place identification h if you did not provide a driver's license or ID no | Georgia | | | | | |
| Voter oath and signature Required | | I, the undersigned, do swear and affirm that I am eligible to vote in Georgia, am a citizen of the U.S. and the facts presented in this application are true. By signing this oath, you are swearing that you are the voter requesting an absentee ballot. Signing this oath on behalf of another voter violates Georgia law and is punishable by a fine up to \$100,000, imprisonment for up to 10 years, or both. | | | | | | | |
| Use a pen. No electronic signatures allowed. | 8 | Voter, sign and date here (Required) | | | | | | | |
| | | X | | Date (mm/dd/yyyy) | | | | | |
| | | | | | | | | | |



☐ Mailed

electronically

Ballot to be:

 $\ \square$ Delivered to voter in hospital

by Registrars or Deputy

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| Print voter name | 9 | Your name as it appears on your voter registration. | | | | | |
|--|---|--|---|---|---|---|--|
| Required | | First | | | | Last | Suffix _ |
| Assisting a voter? If yes, the assistant must complete this section. Voter assistance is only allowed if the voter is illiterate or physically disabled. | 10 | By signing as assisting the a voter who is not eligible a fine up to \$100,000 or in Assistant's name Assistant's signature X | e for assistance in cor | nplet | ing this a | application violates Ge | |
| Requesting a ballot on behalf of a voter? If yes, complete this section. The voter must be physically disabled or temporarily residing out of the county** and must still be eligible to vote in the county** where he or she is registered. | 11 | I swear (or affirm) that the above-named voter is: are true and that I am either the 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 and acknowledge that making a false statement on this application regarding my relationship to the voter violates Georgia law and is punishable by a fine up to \$1,000, 12 months in jail, or both. I swear (or affirm) that the above-named voter is: (check one) physically disabled temporarily residing out of the county** Signature of authorized and eligible requestor X Relationship to voter | | | | | |
| Ballot request opt-in Optional If you meet the eligibility criteria, you may opt-in to receive an absentee ballot for the rest of the elections cycle without making another application. | 12 | the rest of the election cycle. I am eligible for the reason selected below: D - Disabled. I am physically disabled E - Elderly. I am 65 years of age or older U - UOCAVA. I am a uniformed service member, spouse or dependent of a uniformed service member, or other US citizen residing overseas. (Complete the | | | A Voters only ent status is (check one) - Military Overseas - Military Stateside Overseas Temporary Resident Overseas Permanent Resident vote for federal offices only) al) By entering my email, I request that my absentee et transmitted to me electronically. | | |
| Acceptable forms of do not have a Georgi State Identification (Identification With your photo) • United States Passport • Georgia voter identification card agency, or entity of the State United States authorized by late United States authorized by late in United States authorized in Employee identification card in agency, or entity of the United government, or Georgia countainy other entity of the state of Tribal identification card Documents that show your nate Current utility bill • Bank states Government check • Other government check | a Driv Card I graph: ard lissued of Georg aw to iss cation c ssued b d States ty, mun f Georg me and atement | by a branch, department, gia, any other state, or the ue personal identification ard y any branch, department, government, Georgia state icipality, board, authority, or ia address: • Paycheck | Absentee ballot a You can return th mail fax in-p Your County Boa https://elections *In state, county office. In municip **Or, in municip No person or ent ballot for such el elector with his c application, an a course of an inve | applic he formail (as person and of lissos.go y, and pal elector, or her bsent estigate adling | ations mu m by: an attach a tyour e Registrar' ia.gov/Ele federal elections, yo ctions, mu her than t a person applicatione ballot ot tion shall | ment) elections or registrar's off 's Office information can ections/countyregistrars. ections, your elections of our elections office is you unicipality. the elector, a relative aut signing as assisting an il on, a common carrier cha clerk, a registrar, or a law handle or return an elect | be found online: do ffice is your county election r municipal elections office horized to request an abset literate or physically disablarged with returning the batter endirecement officer in the cor's completed absentee b plication by any person or |
| Ballot | Da | tes | ID Shown | | | | For office use o |
| Dist. Combo | | ceived | | | | I cortify that the above | |
| Precinct | | | | | | I certify that the above \square is eligible | named voter |
| Ballot # | | rtified | | | | is not eligible | |
| | | ected | _ | | | Registrar signature | |

☐ Voted in office

(municipal only)