_____ 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, CHOOSE A PARTY BALLOT (check one): ☐ **DEMOCRATIC** ☐ **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 75, 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 75 years of age or older.

☐ D – Disabled - I have a physical disability which would render me unable to see or mark a ballot.

☐ 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 ☐.

NOTE: A SEPARATE APPLICATION IS REQUIRED FOR A PRESIDENTIAL PREFERENCE PRIMARY

➡ _____ **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 _____

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 PACKET REVIEWED BY:

☐ IS ELIGIBLE _____

☐ IS NOT ELIGIBLE TO RECEIVE AN ABSENTEE BALLOT PACKET REVIEWED BY:

REASON FOR REJECTION: _____ _____

Registrar Signature: _____