APPLICATION FOR OFFICIAL ABSENTEE BALLOT

Board of Registrars of _____ County or Municipality Application Date: _____

Name as registered: _____

Address as registered: _____

_____
(CITY) (STATE) (ZIP)

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

SPECIFY THE PRIMARY, ELECTION, OR RUNOFF IN WHICH YOU WISH TO VOTE:

- ❑ Democratic General Primary & Nonpartisan Election
- ❑ Democratic General Primary Runoff
- ❑ Democratic Presidential Preference Primary
- ❑ General Election
- ❑ Special Primary
- ❑ Special Election
- ❑ Nonpartisan Election
- ❑ Republican General Primary & Nonpartisan Election
- ❑ Republican General Primary Runoff
- ❑ Republican Presidential Preference Primary
- ❑ General Election Runoff
- ❑ Special Primary Runoff
- ❑ Special Election Runoff
- ❑ Nonpartisan Election Runoff

REASON FOR REQUESTING AN ABSENTEE BALLOT:

- ❑ I am required to be absent from my precinct all day on primary or election day (7:00 a.m. to 7:00 p.m.).
- ❑ I am unable to vote in person because of a physical disability.
- ❑ I am unable to vote in person because I am required to give constant care to someone who is physically disabled.
- ❑ I am an election official who will perform official acts or duties in connection with the primary or election.
- ❑ I will be unable to be present at the polls because the date of the primary or election falls on a religious holiday which I observe.
- ❑ I will be unable to be present at the polls because I am required to be on duty in my place of employment for the protection of the health, life, or safety of the public during the entire time the polls are open and my place of employment is within my precinct.
- ❑ I am 75 years of age or older.
- ❑ I am a citizen of the United States permanently residing outside the United States, was last domiciled in Georgia, and am not domiciled or voting in any other state. I understand that I am allowed to vote for federal offices (or: President, Vice President, United States Senator or Representative in Congress).
- ❑ I am a member of the Armed Forces or Merchant Marines of the United States, or a spouse or dependent of the member, residing outside the County.
- ❑ I am requesting an absentee ballot in person at the registrar's office or absentee ballot clerk's office during the period of Monday through Friday of the week immediately preceding the date of a primary, election, or runoff and am not required to provide a reason. **(VOTERS IN THIS CATEGORY CANNOT RECEIVE BALLOT BY MAIL.)**

MANNER IN WHICH ABSENTEE BALLOT SHALL BE PROVIDED:

- ❑ I request that my ballot be issued and I be allowed to vote my ballot in the registrar's office at this time;
- ❑ I request that ballot be delivered to voter in hospital; or
- ❑ I request that ballot be mailed to:

_____

_____

_____

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

SIGNATURE (OR MARK) OF VOTER: _____

Signature of person assisting disabled or illiterate voter _____

NOTE:
Each voter must make their own application by mail, by facsimile transmission, or in person unless he or she is residing temporarily out of the county or municipality, or is a disabled voter residing within the county or municipality. **If you are applying by facsimile transmission, be sure to fax BOTH SIDES of this application to the registrar's office**. A disabled or illiterate voter may receive assistance. A separate application for each Primary, Primary Runoff, Election, or Election Runoff must be made by each absentee elector not more than 180 days prior to the date of the Primary, Primary Runoff, Election, or Election Runoff, respectively, except for the cases outlined below.

IF YOU ARE VOTING BY ABSENTEE BALLOT BECAUSE YOU ARE:

- A member of the Armed Forces or Merchant Marines of the United States living outside the county or municipality in which the election is held,
- A spouse or dependent accompanying a member of the Armed Forces or Merchant Marines,
- A voter age 75 or older, or
- A voter with a physical disability,

you may choose to submit one application and receive a ballot for the Primary, Primary Runoff (if applicable), Election, and Election Runoff (if applicable) by completing the information below:

I choose to receive:
❑ All absentee ballots as allowed by law
In the case of a primary, I choose to receive the following type of ballot (check only one):
❑ Democratic Primary & Nonpartisan Election ❑ Republican Primary & Nonpartisan Election
❑ Nonpartisan Election

FOR VOTERS RESIDING TEMPORARILY OUT OF COUNTY/MUNICIPALITY OR A PHYSICALLY DISABLED VOTER 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

Office Use Only

Date Application Received: _____

Date Ballot Mailed: _____

Date Ballot Returned: _____

❑ **The voter named is eligible to receive an absentee ballot.**
❑ **The voter named is ineligible to receive an absentee ballot.**

Reason for rejection: _____

_____

_____

_____
Signature of Registrar