

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 Required	1	Date of Primary, Election, or Runoff (mm/dd/yyyy) 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	ί_							
Type of ballot Required in primary	3	Democratic	Democratic Republican Non Partisan (will not have AN						Υp	' 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 reare registered to vote, contact your county election office prior to submitting this Address City ————————————————————————————————————								nis ap	application.									
Temporary ballot mailing address Only if you are temporarily living outside the county** and want your ballot sent to this address.	5	This address must be in a different county** than the one where you are reg disabled or detained in jail or other detention facility. Address City State							gist	stered unless you are physically										
Contact information Recommended	6	Phone number Email address																		
Voter identification Required		Date of birth (mm/dd/y		 ND 	Ged							oer o	r St	ate I	dent	ific	ation	Card	l Nu	ımber
Print carefully. This information will be used to verify your identity.				_		I do	not h	ave a	Georg	gia [Drive								I 	
Failure to provide accurate information may delay processing your application.		Instructions: • Make sure your ider ID card or documen		on yo	ur															1
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 application and sub electronically to you (addresses are onling a.gov/Elections/codo). You may also sure of your application person to your elections identification does a please attach a copy with your application.	mit it ir election: ne: election untyregis ibmit a har via U.S. ma cions office orm of not fit in th r and subn	s officies of some of the solution of the solu	ce* s. Dy in			if	ace i you d river'	did	not	pro	ovi	de a	Geo					
Voter oath and signature Required		I, the undersigned, do presented in this appli absentee ballot. Signing this oath on to \$100,000, imprisonme	cation are oehalf of a	true. noth	By s er v	igni oter	ng th · viol	is oat ates (h, you	are	swe	aring	j th	at yo	u are	the	vote	r requ	iest	
Use a pen. No electronic signatures allowed.	8	Voter, sign and date h	•		, - ca										Dat	to In	nm/d	d/yyy	<u>/)</u>	
		X													Dal	.e (//	iiiii/U	wyyy	·) 	



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0	Your name as it appears on your voter registration.								
9	First	Middle			Last	Suffix	Suffix		
10	a voter who is a fine up to \$10	s not eligible for assistance in co 100,000 or imprisonment for up	mplet	ing this	application viola				
11	are true and th grandparent, t son, daughter, son-in-law, dau father-in-law, t the age of 18 au false stateme my relationsh law and is pun	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,				g out of the county**			
12	the rest of t I am eligible fo D- Disabled E- Elderly. I U- UOCAVA member, sp uniformed citizen resid	f the election cycle. For the reason selected below: Ed. I am physically disabled I am 65 years of age or older A. I am a uniformed service Espouse or dependent of a d service member, or other US iding overseas. (Complete the	(C	y currer MOS - MST - N OST - C OSP - C (may v Optional)	nt status is (check Military Oversea Military Stateside Overseas Tempoo Overseas Permar ote for federal of By entering my	as e vrary Resident nent Resident ffices only) v email, I request that my absente	∍e		
	11	By signing as a voter who is a fine up to \$' 10 Assistant's not Assistant's signature I swear that the are true and the grandparent, son, daughte son-in-law, do father-in-law, the age of 18 of false statem my relations law and is pure 12 months in I opt-in to the rest of I am eligible for D- Disable E- Elderly. U- UOCAV member, suniformed citizen res	By signing as assisting the voter, you are swe a voter who is not eligible for assistance in co a fine up to \$100,000 or imprisonment for up Assistant's name Assistant's signature I swear that the facts contained in this applica are true and that I am either the mother, father grandparent, brother, sister, aunt, uncle, spot son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law or the age of 18 and acknowledge that making false statement on this application regarding my relationship to the voter violates Georg law and is punishable by a fine up to \$1,000, 12 months in jail, or both. I opt-in to receive an absentee ballot for 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	By signing as assisting the voter, you are swearing a voter who is not eligible for assistance in complete a fine up to \$100,000 or imprisonment for up to 10 yr. Assistant's name	By signing as assisting the voter, you are swearing under of a voter who is not eligible for assistance in completing this a fine up to \$100,000 or imprisonment for up to 10 years, or Assistant's name Assistant's x x X Iswear that the facts contained in this application 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 opt-in to receive an absentee ballot for 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	By signing as assisting the voter, you are swearing under oath that the vot a voter who is not eligible for assistance in completing this application viol a fine up to \$100,000 or imprisonment for up to 10 years, or both. Assistant's name Assistant's signature I swear that the facts contained in this application 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 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 opt-in to receive an absentee ballot for 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 information to the right) Middle Last — Last — I swear (or affirm) that (check one) physically disabled temporarily residing. Signature of authorize X Relationship to voter WOCAVA Voters only My current status is (check one) MOS - Military Overse MST - Military Statesid OST - Overseas Tempo OSP - Overseas Perma (may vote for federal or (optional) By entering my ballot be transmitted to near the reason selected to near the reason selected below:	By signing as assisting the voter, you are swearing under oath that the voter is entitled to assistance. Assist a voter who is not eligible for assistance in completing this application violates Georgia law and is punishab a fine up to \$100,000 or imprisonment for up to 10 years, or both. 10 Assistant's name Assistant's signature I swear that the facts contained in this application 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 opt-in to receive an absentee ballot for 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. 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Acceptable forms of identification if you do not have a Georgia Driver's License or State Identification Card Number

Identification with your photograph:

- United States Passport
- Georgia voter identification card
- · Other valid identification card issued by a branch, department, agency, or entity of the State of Georgia, any other state, or the United States authorized by law to issue personal identification
- United States military identification card
- Employee identification card issued by any branch, department, agency, or entity of the United States government, Georgia state government, or Georgia county, municipality, board, authority, or any other entity of the state of Georgia
- · Tribal identification card

Documents that show your name and address:

- Current utility bill
 Bank statement
 Paycheck
- Government check Other government document

How to return your absentee ballot application

Absentee ballot applications must be received 11 days before the date of the election. You can return the form by:

- mail email (as an attachment)
- fax • in-person at your elections or registrar's office

Your County Board of Registrar's Office information can be found online: https://elections.sos.ga.gov/Elections/countyregistrars.do

*In state, county, and federal elections, your elections office is your county elections office. In municipal elections, your elections office is your municipal elections office.

**Or, in municipal elections, municipality.

No person or entity other than the elector, a relative authorized to request an absentee ballot for such elector, a person signing as assisting an illiterate or physically disabled elector with his or her application, a common carrier charged with returning the ballot application, an absentee ballot clerk, a registrar, or a law enforcement officer in the course of an investigation shall handle or return an elector's completed absentee ballot application. Handling a completed absentee ballot application by any person or entity other than as allowed in this paragraph is a misdemeanor.

Ballot	Dates	ID Shown	For office use only							
Dist. Combo	Received	GA DL	I certify that the above named voter							
Precinct	ISS	Other	is eligible							
Ballot #	Certified	Voter Reg #	is not eligible							
	Rejected		Registrar signature							
Ballot to be:	☐ Delivered to voter in holy by Registrars or Deput	•								