



GENERAL ABSENTEE BY MAIL BALLOT APPLICATION

(THIS APPLICATION IS NOT FOR MILITARY AND OVERSEAS CITIZENS, SENIOR CITIZENS, DISABLED, OR NURSING HOME VOTERS)

INSTRUCTIONS: To submit a paper application, complete and mail to your parish's Registrar of Voters Office. (Voters with a valid LA driver's license or ID may submit a request electronically by logging in to the Louisiana voter portal at <https://voterportal.sos.la.gov>). **Military and overseas citizens, senior citizens, disabled, or nursing home voters do not use this application.**

1	Last Name		First Name	Middle Name/Initial	Suffix			
2	Date of Birth	Mother's Maiden Name	SSN/Last 4 (Optional)	LA DL/ID (Optional)				
3	Residence Address		City	Zip Code	Parish			
4	Phone	Email	Ward/Precinct (Optional)					
5	Primary Election Date (mm/dd/yyyy)		General Election Date (mm/dd/yyyy)					
NO PARTY (UNAFFILIATED) VOTERS: Check only one of the following ballot options								
6	For the Closed Party Primary races, I am registered as No Party and I am selecting the: <input type="checkbox"/> Democratic ballot <input type="checkbox"/> Republican ballot <input type="checkbox"/> No Party (Unaffiliated) ballot							
IF YOU ARE CURRENTLY REGISTERED AS AFFILIATED WITH A POLITICAL PARTY, THE REGISTRAR WILL ONLY SEND YOU THE BALLOT YOU ARE ELIGIBLE TO RECEIVE.								
7	Ballot Delivery Address (if different from residence address in Section 3)							
CHECK ONLY ONE	ELIGIBLE REASONS FOR AN ABSENTEE BALLOT <ul style="list-style-type: none"> <input type="checkbox"/> TEMPORARILY ABSENT - I am or expect to be temporarily outside the territorial limits of my state/parish of registration during the early voting period <u>and</u> on election day. You must indicate the dates you will be temporarily absent below if the ballot is being mailed within your parish. <input style="width: 45%; margin-bottom: 5px;" type="text"/> Absence Start Date (mm/dd/yyyy) <input style="width: 45%; margin-bottom: 5px;" type="text"/> Absence End Date (mm/dd/yyyy) <input type="checkbox"/> OFFSHORE - I expect to be out of my precinct of registration and upon the waters of the state during early voting and on election day because of my employment or occupation. <input type="checkbox"/> HIGHER EDUCATION - I am a student, instructor, or professor located and living outside my parish of registration, or a spouse/dependent of such. <i>(You must enclose a copy of student ID or fee bill if you are a student voting for the first time.)</i> <input type="checkbox"/> CLERGY - I am a minister, priest, rabbi, or other member of the clergy assigned outside my parish of registration, or a spouse/dependent of such. <input type="checkbox"/> MOVED OUT OF PARISH less than 30 days before election - I moved my residence to another parish more than 100 miles from the parish seat of my former residence after the voter registration books closed. <input type="checkbox"/> INVOLUNTARY CONFINEMENT - I am involuntarily confined in an institution for mental treatment outside my parish of registration, and I am not interdicted and not judicially declared incompetent. <input type="checkbox"/> INCARCERATED - I am incarcerated in an institution inside/outside my parish of registration, and I am not under an order of imprisonment for conviction of a felony. <i>(You must enclose a certification by sheriff.)</i> <input type="checkbox"/> HOSPITALIZED - I expect to be hospitalized on election day, and I did not have knowledge until after the time for early voting had expired; or I was hospitalized during the time for early voting, and I expect to be hospitalized on election day; or I was either hospitalized or restricted to my bed by my physician during early voting and on election day. <i>(You must enclose proof of hospitalization.)</i> 							
	9	I understand that my absentee ballot, if sent to an address within the parish or an adjacent parish, can only be sent to the address at which I am registered to vote, my mailing address on file with the Registrar of Voters, or an address at which I regularly receive mail. I CERTIFY that the statements made herein by me are true and correct, and I may be subject to a fine of not more than \$2,000 or imprisonment for not more than 2 years, or both, for knowingly making false statements.						
		Signature X		Date				
	10	Witnesses: If your signature is a mark, two witnesses to your mark are required to sign. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Witness Signature #1</td> <td style="width: 50%;">Witness Signature #2</td> </tr> </table>					Witness Signature #1	Witness Signature #2
	Witness Signature #1	Witness Signature #2						
		Whenever a document required by or provided for in the Louisiana Election Code is required to be witnessed, the witness shall be at least 18 years of age (R.S. 18:4(A)).						

MAIL, FAX, OR HAND DELIVER THIS FORM TO your parish's Registrar of Voters where you are registered. A faxed application cannot be sent from a candidate's fax machine and must show or contain the fax number from where the application was sent. No person, except the immediate family of any voter, shall send by facsimile or by hand delivery more than one voter's application to vote absentee to the Registrar of Voters. **If hand delivered or faxed, please complete the following.**

Submitted by	Relationship to Applicant
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Visit our website at www.GeauxVote.com for deadlines and contact information or call toll free 1.800.883.2805.

FOR OFFICIAL USE ONLY:

Registration Number	Date Application Received
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