

Louisiana 2020 Ballot Request

For 2020, Louisiana has two different forms for requesting a ballot. We have included both forms for you, but you only need to use one of them.

- If you are requesting an absentee ballot due to COVID-19, use the first form: the **COVID-19 Emergency Application**.
- If you are requesting an absentee ballot for any other reason, use the second form: the **General Application For Absentee By Mail Ballot**.

State of Louisiana Official
Absentee Ballot Application
COVID-19 Emergency Application (La. R.S. 18:401.3)



R. Kyle Ardoin
Louisiana Secretary of State

SECTION 1: VOTER INFORMATION AND ELECTION DATES (PLEASE PRINT OR TYPE)

Name: _____ DOB: _____ Mother's Maiden Name: _____
(please print) (mm/dd/yyyy) (if known)

Residence Address: _____
(number/street/city/state/zip code (do not use a P.O. box #))

Phone #: _____ *SSN/Last 4: _____ *LA DL/ID: _____ Ward/Precinct: _____
(if known)

I am applying for a ballot for the Primary Election on _____ AND/OR the General Election on _____
(mm/dd/yyyy) (mm/dd/yyyy)

*OPTIONAL information to be used for official use only.

SECTION 2: CERTIFICATION AND SIGNATURE

I _____ hereby certify that I am a registered voter in the
(name of registered voter)

Parish of _____, and that I am unable to vote in person because I have been
(parish of registration)

affected by COVID-19 because I am (please select one reason):

- ☐ At higher risk of severe illness from COVID-19 due to serious underlying medical conditions as identified by the Centers for Disease Control and Prevention (including chronic lung disease, moderate to severe asthma, hypertension or other serious heart conditions, diabetes, undergoing chemotherapy, severe obesity (BMI of 40 or higher), chronic kidney disease and undergoing dialysis, liver disease, pregnancy, or immunocompromised due to cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications);
- ☐ Subject to a medically necessary quarantine or isolation order as a result of COVID-19;
- ☐ Advised by a health care provider to self-quarantine due to COVID-19 concerns;
- ☐ Experiencing symptoms of COVID-19 and seeking a medical diagnosis; or
- ☐ Caring for an individual, name of _____, who is subject to a medically
(please print the name of the individual)
necessary quarantine or isolation order as a result of COVID-19 or who has been advised by a health care provider to self-quarantine due to COVID-19 concerns.

I understand that if I provide an address within the parish, my absentee ballot can only be sent to the address at which I am registered to vote or my mailing address on file with the registrar of voters. **Please send my absentee ballot and instructions to:**

(number/street/city/state/zip code)

Providing a false statement to an election official is a felony offense. I acknowledge that if I have provided false information herein, I may be subject to a fine of not more than \$2,000 or imprisonment, with or without hard labor, for not more than 2 years, or both, for knowingly making false statements.

X _____
(signature or mark of registered voter) (date of signature)

If your signature is a mark, a witness to your mark is required to sign:

(witness signature)

MAIL, FAX, OR HAND DELIVER THIS FORM TO your parish 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 by mail to the registrar of voters. **If hand delivered or faxed, please complete the following:**

Submitted by: _____ Relationship to Applicant: _____

Visit our website at www.GeauxVote.com for deadlines and contact information or call toll free 1.800.883.2805.

CONFIDENTIAL DOCUMENT NOT A PUBLIC RECORD



GENERAL APPLICATION FOR ABSENTEE BY MAIL BALLOT

(THIS APPLICATION IS **NOT** FOR MILITARY, OVERSEAS CITIZENS AND DISABLED VOTERS)

INSTRUCTIONS: TO SUBMIT A PAPER APPLICATION COMPLETE SECTIONS 1, 2, AND 3 AND PRINT. (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>)

SECTION 1: VOTER INFORMATION AND ELECTION DATES (PLEASE PRINT OR TYPE)

Name: _____ Date of Birth: _____ Mother's Maiden Name: _____

Residential Address: _____ Parish: _____
(number/street/city/state/zip code (do not use a P.O. box #))

Day Phone #: _____ *SSN/Last 4: _____ *LA DL/ID: _____ Ward/Precinct, if known: _____

I am applying for a ballot for the Primary Election on _____ AND/OR the General Election on _____
(mm/dd/yyyy) (mm/dd/yyyy)

To vote absentee by mail, you must be eligible for one of the reasons listed below. Military and overseas citizens or disabled voters use specialized applications and not this one.

*OPTIONAL information to be used for official use only.

SECTION 2: REQUEST REASON (PLEASE PRINT OR TYPE)

CHECK ONLY ONE (1) OF THE FOLLOWING REASONS FOR WHICH YOU ARE ELIGIBLE TO VOTE BY MAIL:

- ☐ **SENIOR CITIZEN** - I am 65 years of age or older. ☐ I wish to receive an absentee by mail ballot only for the election date on this application.
☐ I wish to receive an absentee by mail ballot automatically for the election dates on this application AND all elections hereafter. (By selecting this option, you will automatically receive a ballot unless your ballot is returned to the registrar as undeliverable, or you cancel the request.)
- ☐ **TEMPORARILY ABSENT** - I am or expect to be temporarily outside the territorial limits of my state/parish of registration during the early voting period and on election day. You must indicate the dates you will be temporarily absent below if the ballot is being mailed within your parish.
FROM _____ THRU _____.
- ☐ **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.
- ☐ **NURSING HOME**** - I am a resident of a nursing home (includes veterans' home and extended hospital stay for a physical disability).
- ☐ **HIGHER EDUCATION** - I am a student (you must enclose a copy of student ID or fee bill if voting for 1st time), instructor, or professor located and living outside my parish of registration, or a spouse/dependent.
- ☐ **CLERGY** - I am a minister, priest, rabbi, or other member of the clergy assigned outside my parish of registration, or a spouse/dependent.
- ☐ **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.
- ☐ **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.
- ☐ **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 (you must enclose proof of hospitalization);
- ☐ **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. (You must enclose a certification by sheriff.)
- ☐ **ACP** - I am a program participant in the Department of State Address Confidentiality Program.
- ☐ **JUROR** - I will be sequestered on the day of the election and during early voting. (You must enclose a certified copy of court order.)

**If you qualify for the nursing home early voting program, the registrar of voters will visit the facility on a predetermined day before election day to allow you to vote early by machine or paper ballot for all elections hereafter until you cancel the request or no longer reside at that facility. You will be entitled to assistance from the registrar, deputy registrar, or any other person except a nursing home owner, operator, administrator, or employee.

SECTION 3: CERTIFICATION AND SIGNATURE(S)

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. **Please send my absentee ballot and instructions to:**

(number/street/city/state/zip code)

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/mark)

(date)

If your signature is a mark, two witnesses to your mark are required to sign:

(witness #1 signature)

(witness #2 signature)

MAIL, FAX, OR HAND DELIVER THIS FORM TO your parish 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 by mail to the registrar of voters. **If hand delivered or faxed, please complete the following:**

Submitted by: _____ Relationship to Applicant: _____

Visit our website at www.GeauxVote.com for deadlines and contact information or call toll free 1.800.883.2805.

FOR OFFICIAL USE ONLY:

Reg. # _____

W/P Party Date Rec'd. _____