APPLICATION FOR OFFICIAL ABSENTEE BALLOT

PLEASE PRINT (FAILUI	RE TO FILL OUT	THE FORM COMPLETELY C	OULD DELAY YOUR AF	PPLICATION)
Date of Primary, Election, or	Runoff:/	/20		
FOR PRIMARY ELECTIONS O	NLY, CHOOSE A	PARTY BALLOT (check one): DEMOCRATIC	□REPUBLICAN
APPLICATION DATE	TE OF BIRTH	DAYTIME CONTACT NUMBER (optional)	EMAIL ADDRESS(requivolent requesting elect	
	_//	()		
NAME AS REGISTERED	LAST	FIRST	N	MIDDLE
ADDRESS AS REGISTERE	D STREET#	CITY		ZIP CODE
Mail the ballot to my temporary out	-of-county address: (or	alternate address for physically disab	oled voter).	
# STREET	CITY		STA	TE ZIP CODE
	iteria, you may che of the Election. iteria, you may che General Election, fage or older. ical disability which er of armed forces deceanic and Atmost en residing overset. Resident I would like to receive on IS REQUIRED Form	noose to complete one application and General Election Runoff of would render me unable to so for Merchant Marines of the Uspheric Administration, spouse eas. My current status is (pleating the plant of the MST – Military State of the MST – Overseas Pleative my absentee ballots by election of the MST – Military State of the MST – Overseas Pleative my absentee ballots by election of the MST – Military State of the MST – Overseas Pleative my absentee ballots by election of the MST – Military State of the MST – Military State of the MST – Overseas Pleative my absentee ballots by election of the MST – MILITARY STATE OF THE MST – MILITARY STAT	ation and receive a ballot (if any) by checking one of the ee or mark a ballot. Inited States, commission or dependent residing wase mark one): reside remanent Resident (federactronic transmission ENCE PRIMARY	for the General Primary, of the following boxes: ned corps of the Public with or accompanying said
You may apply on behalf of another p disabled voter residing within the county nephew, grandchild, son-in-law, daughte oath: I, the undersigned do swear (or af voter residing within the county and that	, application may be m er-in-law, mother-in-law firm) that the above-na	ade by mother, father, grandparent, by father-in-law, brother-in-law or sistemed voter is (check one): residin	prother, sister, aunt, uncle, spour- r-in-law of the age of 18 or ove ag temporarily out of the county	use, son, daughter, niece, or upon completing the following or is a physically disabled
Voter Registration #		OFFICE USE ONLY		
DIST. COMBO		I HEREBY CERTIFY ☐ IS ELIGIBLE	THAT THE ABOVE NAMED VOTE	ER PACKET PREPARED BY:
BALLOT # ISS. DATE CERTIFIED DATE REJECTION		☐ IS NOT ELIGIBLE	E TO RECEIVE AN ABSENTEE BA	ALLOT PACKET REVIEWED BY:
ID SHOWN: GADL OTHER		REASON FOR REJE	CTION:	
Ballot to be: □Mailed □ Electronically □Delivered to voter in hospital by Regis □Voted in office (Municipal Only)	Transmitted	Registrar Signatur	e	

FORM #ABS-APP-10

O.C.G.A Sections 21-2-384(c) and 21-2-570

I understand that the offer or acceptance of money, gifts, or any other object of value for the purpose of voting or voting 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.

SPECIAL NOTE REGARDING ASSISTING VOTERS:

ALL ELECTIONS - If the applicant is unable to fill out or sign his or her own absentee ballot application because of illiteracy or physical disability, the applicant shall make his or her mark, and the person filling in the rest of the absentee ballot application must sign below the voter's name as a witness. *O.C.G.A. Section 21-2-381(a)(1)(F)*.

STATE, COUNTY, MUNICIPAL ELECTIONS – A physically disabled or illiterate voter may receive assistance in preparing his or her ballot from one of the following: any voter who is qualified to vote in the same county or municipality as the disabled or illiterate voter; an attendant care provider or a person providing attendant care; or the mother, father, grandparent, aunt, uncle, brother, sister, 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 disabled or illiterate voter. The person rendering assistance to the voter in preparing the ballot must sign the oath printed on the same envelope as the oath to be signed by the voter. If the disabled or illiterate voter is staying outside his or her own county or municipality, a notary public of the jurisdiction may give such assistance and shall sign the oath printed on the same envelope as the oath to be signed by the voter. No person shall assist more than ten such voters in any primary, election, or runoff in which there is no federal candidate on the ballot. O.C.G.A. Section 21-2-385(b).

FEDERAL ELECTIONS – In preparing his or her ballot, a physically disabled or illiterate voter may receive assistance from a person of the voter's choice, other than the voter's employer or agent of that employer or officer or agent of the voter's union. 42 U.S.C. Section 1973aa-6.