STATE OF GEORGIA VOTESAFE APPLICATION

Fill out the bottom half of this application by following these directions. Print clearly and use blue or black ink.

1. LEGAL NAME. Your full legal name is required. If your name has changed since you registered to vote, you must complete the Change of Name section on a Voter Registration Application and submit that form with this application to your county registrar's office.

2. RESIDENCE ADDRESS. A complete physical residence address must be included on your application. The residence address you provide will be used to assign your voter record to a voting district and precinct. Your application will not be processed if you leave the residence address blank or if you provide a P.O. Box, Rural Route No., etc. on line 2 of this application. The residential address of a VoteSafe participant will remain confidential at all times. If your address has changed since you registered to vote, you must complete the Change of Address section on a Voter Registration Application and submit that form along with this application to your county registrar's office.

3. MAILING ADDRESS. You must provide a mailing address. This address may be a P.O. Box, third party, work address, etc. THE MAILING ADDRESS IS NOT CONFIDENTIAL.

4. DRIVER'S LICENSE/SOCIAL SECURITY NUMBER. You must provide your Georgia Driver's License number in order for your county registrar to correctly identify you as a participant in the VoteSafe program. You may provide the last 4 digits of your Social Security number only if you do not have a driver's license.

Applicants are certified as participants for four (4) years following the date of approval by the registrar unless withdrawal or cancellation occurs before the expiration date. Participants can renew their certification for additional four (4) year periods by filing new applications, signed affidavits and supporting documentation prior to the end of each four (4) year period. Upon receipt and approval of a completed application, signed affidavit and supporting documentation, the applicant will be on record as a VoteSafe participant and will receive written confirmation from the county registrar.

Please return this application to your County Registrar's office.

1	LAST NAME	FIRST NAME	MIDDLE OR MAIDEN NAME				
2	RESIDENCE ADDRESS	APT. NO.	CITY	COUNTY	STATE GA.	ZIP CODE	
3	MAILING ADDRESS	CITY	STATE GA.	ZIP CODE			
4	TELEPHONE NUMBER ( )	DATE OF BIRTH: MM/DD/YYYY / /	VALID GA. DRIVER'S LICENSE OR GA. I.D. NO.	**If you do not have a GA Driver's License or GA. I.D. , you must provide the last 4 digits of your Social Security Number**	FULL SOCIAL SECURITY NUMBER (OPTIONAL) Last 4 Digits (Required)		

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I SWEAR OR AFFIRM:

I reside at the residence address listed above.
I am registered to vote in Georgia or am submitting a voter registration application with this application.

I understand that moving from the above residence address or changing my residence address without first notifying the registrar of the county in which I am registered to vote may result in the cancellation of my participation in the VoteSafe program. I understand that I am required to disclose my actual address as part of the voter registration process. I understand that knowingly providing the registrar with false or incorrect information is punishable under O.C.G.A. § 21-2-561 or other applicable statutes and may jeopardize my participation in the VoteSafe program. To my knowledge, the information contained in the voter registration application, this application, and any supporting documentation is true and accurate.

Date _____ X _____ Signature

COUNTY OFFICIAL USE ONLY

OFFICE USE ONLY

- ☐ VoteSafe Affidavit submitted
- ☐ VoteSafe Resident Certification submitted
- ☐ Voter Registration Application on file
- ☐ Voter Registration Application attached

Notification sent to the voter:

Date: ____/____/_____

Official's Signature: _____