**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.

<table>
<thead>
<tr>
<th>Section</th>
<th>Instructions</th>
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| 1 | Date of Election **Required**
| | Date of Primary, Election, or Runoff (mm/dd/yyyy)
| | The application must be received by your election office* 11 days before the election. |
| 2 | Print voter name **Required**
| | First ___________ Middle ___________ Last ___________ Suffix ___________ |
| 3 | Type of ballot **Required in primary**
| | ☐ Democratic ☐ Republican ☐ Non Partisan (will not have ANY party candidates listed) |
| 4 | Residential address **Required**
| | The residential or mailing address on your voter registration. If you no longer reside at the address where you are registered to vote, contact your county election office prior to submitting this application. |
| | City ___________ County ___________ GA Zip ___________ |
| 5 | Temporary ballot mailing address
| | Only if you are temporarily living outside the county** and want your ballot sent to this address. |
| | City ___________ State ___________ Zip ___________ |
| 6 | Contact information **Recommended**
| | Phone number ___________ Email address ___________ |
| 7 | Voter identification **Required**
| | Print carefully. This information will be used to verify your identity. |
| | Failure to provide accurate information may delay processing your application. |
| | 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. |
| | Date of birth (mm/dd/yyyy) AND Georgia Driver’s License Number or State Identification Card Number |
| | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ OR ☐ I do not have a Georgia Driver’s License or Identification Card and I am providing a copy of acceptable identification below. |
| 8 | Voter oath and signature **Required**
| | Use a pen. No electronic signatures allowed. |
| | I, the undersigned, do swear and affirm that I am eligible to vote in Georgia, am a citizen of the U.S. and the facts presented in this application are true. By signing this oath, you are swearing that you are the voter requesting an absentee ballot. |
| | Signing this oath on behalf of another voter violates Georgia law and is punishable by a fine up to $100,000, imprisonment for up to 10 years, or both. |
| | Voter, sign and date here (Required) |
| | X Date (mm/dd/yyyy) |

If you received this application with your information pre-filled, received multiple or duplicate copies of this application in the mail after you have already requested, received, or voted an absentee ballot, or if an unauthorized person offers to return your absentee ballot application, please report this to elections@sos.ga.gov.
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Print voter name

Required

Your name as it appears on your voter registration.

First ___________________ Middle ___________________ Last ___________________ Suffix ___________________

Assisting a voter?

If yes, the assistant must complete this section. Voter assistance is only allowed if the voter is illiterate or physically disabled.

By signing as assisting the voter, you are swearing under oath that the voter is entitled to assistance. Assisting a voter who is not eligible for assistance in completing this application violates Georgia law and is punishable by a fine up to $100,000 or imprisonment for up to 10 years, or both.

Assistant’s name ___________________

Signature ___________________

Date (mm/dd/yyyy) ___________________

Requesting a ballot on behalf of a voter?

If yes, complete this section. The voter must be physically disabled or temporarily residing out of the county** and must still be eligible to vote in the county** where he or she is registered.

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 voter, or 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)

I swear (or affirm) that the above-named voter is:

☐ physically disabled

☐ temporarily residing out of the county**

Signature of authorized and eligible requestor ___________________

Relationship to voter ___________________

Ballot request opt-in

Optional

If you meet the eligibility criteria, you may opt-in to receive an absentee ballot for the rest of the election cycle without making another application.

☐ 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)

UOCAVA Voters only

My current status is (check one)

☐ MOS - Military Overseas

☐ MST - Military Stateside

☐ OST - Overseas Temporary Resident

☐ OSP - Overseas Permanent Resident

(may vote for federal offices only)

(Optional) By entering my email, I request that my absentee ballot be transmitted to me electronically.

Email ___________________

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

Dist. Combo ___________________

Precinct ___________________

Ballot # ___________________

Dates

Received ___________________

ISS ___________________

Certified ___________________

Rejected ___________________

ID Shown

GA DL ___________________

Other ___________________

Voter Reg # ___________________

For office use only

I certify that the above named voter

☐ is eligible

☐ is not eligible

Registrar signature ___________________