Return Address: City of Eatonton
Absentee Voting
P.O. Box 4178
Eatonton, GA 31024

Brad Raffensperger
Secretary of State

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.

Date of Election
Required

1

Date of Primary, Election, or Runoff *(mm/dd/yyyy)* _____

The application must be **received** by your election office* 11 days before the election.

Print voter name
Required

2

Your name as it appears on your voter registration.

First _____ Middle _____ Last _____ Suffix _____

Type of ballot
Required in primary

3

☐ Democratic ☐ Republican ☐ Non Partisan (will not have ANY party candidates listed)

Residential address
Required Your ballot will be sent here unless you provide a temporary mailing address.

4

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.

Address _____

City _____ County _____ **GA** Zip _____

Temporary ballot mailing address
Only if you are **temporarily living** outside the county** and want your ballot sent to this address.

5

This address must be in a different county** than the one where you are registered unless you are physically disabled or detained in jail or other detention facility.

Address _____

City _____ State _____ Zip _____

Contact information
Recommended

6

Phone number _____ Email address _____

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.**

7

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.

Instructions:

- Make sure your identification on your ID card or document is visible.
- Take a photo of your full completed application and submit it electronically to your elections office* (addresses are online: https://mvp.sos.ga.gov/s/county-election-offices). You may also submit a hard copy of your application via U.S. mail or in person to your elections office*.
- If your acceptable form of identification does not fit in this box, please attach a copy and submit it with your application.

Place identification here
if you did not provide a Georgia driver's license or ID number

Voter oath and signature
Required

Use a pen. No electronic signatures allowed.

8

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.

Form continues ►

Third-Party Distributors: *List name and address before distributing this form.*
This application is being distributed by _____,
not by any government agency or any state or local election office. **THIS IS NOT A BALLOT.**

Pursuant to O.C.G.A §21-2-381(a)(1)(c)(iii).

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Print voter name
Required

9 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.**

10 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 _____

Assistant's signature	X		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.

11 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 age of 18 and **acknowledge that making a false statement on this application regarding my relationship to the voter violates Georgia law and is punishable by a fine up to $1,000, 12 months in jail, or both.**

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

☐ physically disabled
☐ temporarily residing out of the county**

Signature of authorized and eligible requestor

X	

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 elections cycle without making another application.

12 ☐ 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://mvp.sos.ga.gov/s/county-election-offices

*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.**

For office use only

Ballot
Dist. Combo _____
Precinct _____
Ballot # _____

Dates
Received _____
ISS _____
Certified _____
Rejected _____

ID Shown
GA DL _____
Other _____
Voter Reg # _____

I certify that the above named voter
☐ is eligible
☐ is not eligible _____
Registrar signature

Ballot to be: ☐ Mailed electronically ☐ Delivered to voter in hospital by Registrars or Deputy ☐ Voted in office (municipal only)

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