



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.

Reg # _____

Date of Election

Required

1

Date of Primary, Election, or Runoff (mm/dd/yyyy) 03/21/2023

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: elections.sos.ga.gov/Elections/countyregistrars.do). 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)



Application for Georgia Official Absentee Ballot

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:

- Email: Absentee@CobbCounty.org
- Fax: (770) 528-2458
- Mail:
 - Cobb County Board of Elections & Registration
PO Box 649
Marietta, GA 30061-0649
- In-Person:
 - Cobb County Board of Elections & Registration
995 Roswell St NE
Marietta, GA 30060

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

Accepted _____

Issued _____

Pack _____

Review _____

ID Shown

GA DL _____

Other _____

Rejected _____

For office use only

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)