

Due to the Public Health Emergency brought on by COVID -19, opportunities to vote in person in the upcoming primary election may be limited. To promote the safety and voting access of all Georgians, the Secretary of State is taking the unprecedented step of sending this Absentee Ballot Application to all voters for the May 19, 2020 primary.

INSTRUCTIONS FOR MAILING OFFICIAL ABSENTEE BALLOT APPLICATION

- Fill out and return this form in order to receive a ballot by mail for the May 19, 2020 Primary Election. You may vote the ballot you receive in lieu of going to the polls to vote.
- Verify that the pre-filled information is correct.
- Complete the highlighted portions of the application.
Remember to sign your application.
- Remove and detach this instruction panel by cutting along the dotted line.
- Fold panels so that the address to your county elections office is visible on the outside.
- To secure the mailer and to protect your information, tab or tape shut using clear tape within 1 inch of the bottom edge. **This is required for the post office to accept it.**
- In lieu of mailing, you can scan or take a picture of your completed and signed application and email it to:



Cut along line before returning form.



Brad Raffensperger
SECRETARY OF STATE

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

PLEASE PRINT (Failure to fill out the form completely could delay your application)

Date of Primary, Election, or Runoff: 5/19/2020

Voter Registration #:

Voter name	1	First: _____ Middle: _____ Last: _____ Suffix: _____
Permanent address on file with county election office <small>This is the address at which you are registered OR the mailing address you have given your county elections office. Your ballot will be sent here unless you provide a valid address in Section 3.</small>	2	Street: _____ Zip: _____ City: _____ County: _____
Temporary address where you want ballot sent <small>If you wish to receive your absentee ballot at an address other than the one in Section 2, fill it in here. This address must be in a different county than the county listed in Section 2 unless you are physically disabled, detained, or are updating your permanent address.</small>	3	Street: _____ Zip: _____ City: _____ County: _____ <input type="checkbox"/> Check here if your permanent address has changed and you want to update the address in Section 2 with the address you've provided in Section 3.
Date of birth	4	Date of birth: (MM/DD/YYYY) _____
Type of ballot Required; check one	5	<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan (will not have ANY party candidates listed)
Contact information	6	To assist your county elections officials in contacting you in a timely manner if your application is incomplete, please provide the following information. Phone number: _____ Email: _____
Signature or mark of voter Required if voter fills out this application	7	Signature or mark of voter: _____ Today's date: (MM/DD/YYYY) _____
Signature of person providing assistance Required only if voter is disabled or illiterate and received assistance completing this application	8	Signature of assistant: _____ Today's date: (MM/DD/YYYY) _____
Signature of person requesting ballot if not voter Required only if Section 7 is left blank	9	Signature of requestor: _____ Relationship to voter: _____ 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 swear (or affirm) that the above-named voter is (check one) <input type="checkbox"/> physically disabled or <input type="checkbox"/> temporarily residing out of the county
Eligibility to receive vote by mail ballots for the rest of the election cycle without another application?	10	<input type="checkbox"/> E - Elderly - I am 65 years of age or older <input type="checkbox"/> D - Disabled - I have a physical disability <input type="checkbox"/> U - UOCAVA Voter - I am a uniformed service member, spouse or dependent of a uniformed service member, or other US citizen residing overseas. My current status is (please mark one): <input type="checkbox"/> MOS - Military Overseas <input type="checkbox"/> OST - Overseas Temporary Resident <input type="checkbox"/> MST - Military Stateside <input type="checkbox"/> OSP - Overseas Permanent Resident (federal offices only) Email: (required for UOCAVA voters requesting electronic transmission) _____

FOR OFFICE USE ONLY

Dist. Combo: _____ Precinct: _____ Ballot #: _____
 Received Date: _____ ISS Date: _____ Certified Date: _____ Rejection Date: _____
 ID SHOWN: GADL _____ Other: _____
 I certify that the above named voter is eligible is not eligible to receive a vote by mail ballot
 Reason for Rejection: _____ Registrar Signature: _____
 Ballot to be: Mailed Electronically Transmitted/delivered to voter in hospital by Registrars/Deputy Voted in office (municipal only)