

# HOW TO APPLY FOR A VOTE-BY-MAIL BALLOT IN GEORGIA - STEP BY STEP

For GA voters who are over 65, disabled, or live overseas

**A** COUNTY OF MUNICIPALITY **B** GA Driver's License #

**APPLICATION FOR OFFICIAL ABSENTEE BALLOT**

**PLEASE PRINT** (FAILURE TO FILL OUT THE FORM COMPLETELY COULD DELAY YOUR APPLICATION)

Date of Primary, Election, or Runoff: \_\_\_/\_\_\_/20\_\_\_ **C**

FOR PRIMARY ELECTIONS ONLY (please check one):  DEMOCRATIC  NON PARTISAN  REPUBLICAN **D**

APPLICATION DATE <b>E</b> ___/___/___	DATE OF BIRTH <b>E</b> ___/___/___	DAYTIME CONTACT NUMBER (optional) <b>F</b> ___-___-____	EMAIL ADDRESS (required for UOCAVA Voter requesting electronic transmission) <b>F</b> _____
NAME AS REGISTERED LAST <b>G</b>	FIRST	MIDDLE	
ADDRESS AS REGISTERED STREET # <b>G</b>	CITY	ZIP CODE	

Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled voter).

# STREET **H** CITY STATE ZIP CODE

**Note: You must file a separate application for each election for which you are requesting an absentee ballot (\*see exceptions below for voters over the age of 65, disabled, or military or overseas citizens). You may file your application up to 180 days prior to the Date of the Election.**

**\* EXCEPTIONS:**

If you meet the following criteria, you may choose to complete one application and receive a ballot for the General Primary, General Primary Runoff (if any), General Election, and General Election Runoff (if any) by checking one of the following boxes:

**E** - Elderly - I am 65 years of age or older.

**D** - Disabled - I have a physical disability. **I**

**U** - UOCAVA Voter - Member of armed forces or Merchant Marines of the United States, commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration, spouse or dependent residing with or accompanying said member, or a United States citizen residing overseas. My current status is (please mark one):

**MOS** - Military Overseas  **MST** - Military Stateside

**OST** - Overseas Temporary Resident  **OSP** - Overseas Permanent Resident (federal offices only)

For UOCAVA Voters Only - I would like to receive my absentee ballots by electronic transmission  **J\***

**K** SIGNATURE OR MARK\* OF VOTER - REQUIRED **K\*** \*Signature of person preparing application if voter is disabled or illiterate - REQUIRED

You may apply on behalf of another person only in the following circumstances: In the case of a voter residing temporarily out of the county or a physically disabled voter residing within the county, application may be made by 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 or over upon completing the following oath: I, the undersigned do swear (or affirm) that the above-named voter is (check one):  residing temporarily out of the county or is a  physically disabled voter residing within the county and that the facts included in this application are true. **L\***

**L** SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT - REQUIRED

OFFICE USE ONLY

Ballot to be:  Mailed  Electronically Transmitted

Delivered to voter in hospital by Registrar/Deputy Registrar

Voted in office (Municipal Only)

FORM #ABS-APP-14

- A** The Georgia county where you are registered to vote.
- B** Info is NOT required but is helpful for quick processing. No GA driver's license? Use the last 4 digits of your Social Security #.
- C** Enter 5/19/20. If you complete sections I and J, you will automatically receive a mail in ballot for the remainder of the election cycle (through January 2021).
- D** For primaries, indicate your party. Otherwise leave blank.
- E** Write today's date and your birthdate.
- F** Include a good phone number and email address. If the county has a question about your application, it will contact you with this info.
- G** Your name and address that match your voter registration.
- H** Optional. Only complete if you want your ballot sent to an address other than the address in G. Must be a different county than A unless voter is incarcerated.
- I** Select one or more options as appropriate. If you select one, your Vote-By-Mail ballot will automatically be mailed to you for all elections in this cycle – See instruction C. No need to reapply each time!
- J** If you selected UOCAVA voter in section I, indicate your current status here. If you prefer to receive your ballot by email rather than mail, select the box at J\*.
- K** If the voter can sign, do so here. If voter is receiving assistance filling out the form due to disability or illiteracy, voter should leave a mark at K, and the assistant should sign by hand at K\*.
- L** Only complete if 1) a relative is filling this form out for a voter and 2) voter is not present or is physically unable to complete K. Select an option at L\*.
- X** Don't fill in the areas marked with a blue X

**APPLY NOW!!**  
Mail and Processing take time!!

1. Before you start, confirm your voter registration at [www.mvp.sos.ga.gov](http://www.mvp.sos.ga.gov)
2. Print this application for a Vote-by-Mail (VBM) Ballot: [bit.ly/vbmballotapp](http://bit.ly/vbmballotapp) or call your county to have an absentee application mailed to you.
3. Fill this form out and sign it. Print it and deliver, mail, or fax it to the county where you are registered. Or, take a clear photo of it on your phone and send it attached to an email (subject: VBM application). Some examples:

<p><b>Fulton</b></p> <p>elections.absentee@fultoncountyga.gov Ph: 404-612-7060 Fax: 404-612-3697 130 Peachtree St, SW, Suite 2186 Atlanta, GA 30303</p>	<p><b>NEED HELP?</b></p> <p><b>Democratic Party of Georgia</b></p> <p><b>VOTER PROTECTION</b></p> <p><b>HOTLINE</b></p> <p><b>888-730-5816</b></p>	<p><b>DeKalb</b></p> <p>voterreg@dekalbcountyga.gov Ph: 404-298-4020 Fax: 404-298-4038 4380 Memorial Dr, Ste 300, Decatur, GA 30032</p>
<p><b>Gwinnett</b></p> <p>absentee@gwinnettcountry.com Ph: 678.226.7210 Fax: 678.226.7275 455 Grayson Hwy, Ste 200, Lawrenceville, GA 30045</p>		<p><b>Cobb</b></p> <p>absentee@cobbcounty.org Ph: 770-528-2581 Fax: 770-528-2458 P.O. Box 649 Marietta, GA 30061-0649</p>

4. Your county will review this application and send you a ballot.
5. You can check the status of your Vote-By-Mail Application at [www.mvp.sos.ga.gov](http://www.mvp.sos.ga.gov)
6. When you get your ballot, complete it. Voter must hand sign or mark the back of the yellow envelope included with the ballot. If you receive assistance, the assistant must sign and date the envelope, too.
7. Mail back your ballot with plenty of time and 2 stamps. If your ballot arrives to the county after 7PM on election day, IT WILL NOT COUNT.