

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

If you are over 65, disabled, military/overseas voter don't use this form!

A COUNTY or 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 E ___/___/___	DATE OF BIRTH E ___/___/___	DAYTIME CONTACT NUMBER (optional) F () ___-___-____	EMAIL ADDRESS (required for UOCAVA Voter requesting electronic transmission) F _____
NAME AS REGISTERED LAST G _____	FIRST _____	MIDDLE _____	
ADDRESS AS REGISTERED STREET # G _____	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.
 X - 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):
 X - Military Overseas **M** - 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

I SIGNATURE OR MARK* OF VOTER - REQUIRED **X** *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.

J SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT - REQUIRED

Office Use Only

Voter Registration # _____
 DIST. COMBO _____ PRECINCT _____
 APPLICATION RECEIVED DATE _____
 BALLOT # _____ ISS. DATE _____
 CERTIFIED DATE _____ REJECTION DATE _____
 ID SHOWN: GADL OTHER _____

I HEREBY CERTIFY THAT THE ABOVE NAMED VOTER: IS ELIGIBLE IS NOT ELIGIBLE TO RECEIVE AN ABSENTEE BALLOT

REASON FOR REJECTION: _____
 Registrar Signature _____

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** Current election cycle: Primaries 5/19/20. Runoff on 7/21/20. General Election on 11/3/20. Runoffs on 12/1/20 and 1/5/21.
- 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 questions 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 residing county than A unless voter is incarcerated.
- I** If voter is completing application, *hand sign application here* Signature should match your driver's license if you have one.
- J** Only complete if a relative is filling this form out for a voter. Leave I blank.
- X** Leave areas marked with a blue X blank

APPLY NOW!
Mail and Processing take time!!

1. Before you start, confirm your voter registration at www.mvp.sos.ga.gov
2. Print this application for a Vote-by-Mail (VBM) Ballot: bit.ly/vbmballotapp
3. Fill this form out and sign it. Take a clear photo of it on your phone. Attach the photo to an email (subject: VBM application) and send to the county where you are registered. Some examples are:

Fulton elections.absentee@fultoncountyga.gov	We'll help you find your county email address 888-730-5816	DeKalb voterreg@dekalbcountyga.gov
Gwinnett absentee@gwinnettcountry.com		Cobb absentee@cobbcounty.org

4. Your county will review this application and send you a ballot in the mail.
5. You can check the status of your Vote-by-Mail Application at www.mvp.sos.ga.gov
6. When you get your ballot, complete it. Hand sign the back of the envelope included with your ballot.
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.

NEED HELP? Call the Democratic Party of Georgia
VOTER PROTECTION HOTLINE
888-730-5816