

HOW TO APPLY TO VOTE BY MAIL

for the June 9, 2020 Primary

Voting by mail is a convenient option that is available to all registered voters in Georgia. No excuse is required to vote by mail. The Democratic Party of Georgia strongly encourages all voters to vote by mail for the June 9, 2020 Primary. Due to the COVID-19 pandemic, the availability of in-person voting will be severely limited. Exercise your fundamental right to vote from the safety and comfort of your home. Follow these easy step-by-step instructions and apply to vote by mail today!

Step 1: Get a Paper Copy of the Application

Check your mailbox!

Did you receive a copy of the application from the Georgia Secretary of State?

If not, download and print a copy of the application [here](#). Or, [call your county](#) and ask them to mail you a copy.

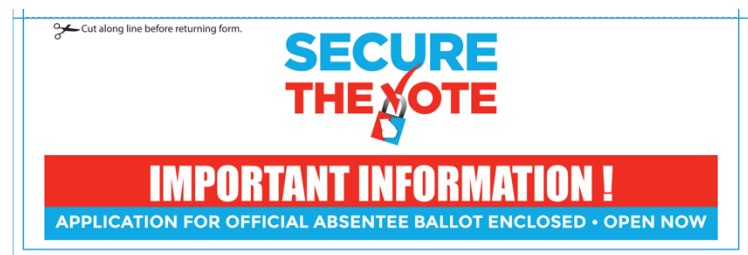


Image: Envelope from the GA SOS that contains an application to vote by mail.

Step 2: Check the Voter's Registration Information (optional)


MVP Login:

Your Name and County

First Initial:* *First Name Required*

Last Name:*

County:*

Date of Birth:* 
(mm/dd/yyyy)

My Voter Page

Voter Information

SA [REDACTED] D [REDACTED]
[REDACTED] RD NE
ATLANTA, GA, [REDACTED]
Race: [REDACTED]
Gender: Female Status: Active
Registration Date: 07/17/[REDACTED]

Confirm the voter's name and address on record by visiting mvp.sos.ga.gov and logging into My Voter Page, or by calling the voter's [county registrar office](#).

Step 3: Complete the Application (see next page)

Step 4: Return your Application ASAP

Return your application to your county registrar office. How? One of three ways:

- In person
- By mail (Remember to include postage!)
- Scan/take a photo with your phone and attach it to an email

[Click here for County Registrar Office Contact Information](#)

Step 5: Check the Mail for your Ballot

If it has been a week and you don't yet have your ballot, call the voter protection hotline at 888-730-5816.

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Step 3: Complete the Application (continued from page 1)



APPLICATION FOR OFFICIAL ABSENTEE BALLOT

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

Date of Primary, Election, or Runoff: 6/9/20

Voter Registration #: leave this blank

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: _____ City: _____ Zip: _____ 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: _____ City: _____ Zip: _____ 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) _____ At least one signature is required!!!
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? Optional	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 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)

FORM #ABS-APP-18

Date of Primary: Write in 6/9/20.

Voter Registration #: If you don't have this Information you can leave this line blank.

Section 1: Voter's name as it appears on the voter registration.

Section 2: Voter's address as it appears on the voter registration.

- Did you move? Update your registration address in Section 3 and check the box to update your registration.

Section 3: Leave blank UNLESS you want your ballot mailed to an address that is different than the address in Section 2.

- This address MUST be in a different county than the address in Section 2 UNLESS
 - voter is disabled, or
 - voter is detained, or
 - voter has checked the box to update the registration address.

Section 4: Voter's birthdate.

Section 5: Required for the June 9, 2020 primary. Select one option only.

Section 6: Include a good phone number and email address. If the county has questions about the application, it will contact you with this information.

Sections 7, 8 and 9: Hand-written signature (at least 1 signature is required!)

- If the **voter** is filling out the application, sign and date Section 7.
- If you **assisted** an **illiterate** or **disabled** voter complete this application, sign and date Section 8. You do NOT have to be related to the voter. The voter shall leave a mark at Section 7.
- If you are **applying on behalf of a relative** who is temporarily living out of the county or is disabled, sign Section 9 and list the relationship.

Section 10: Are you eligible to receive vote by mail ballots for every election this cycle without needing to reapply each time?

- If you are **65 or older**, **physically disabled**, or **living overseas**, indicate so here and you will automatically receive a ballot by mail for every election through January 2021.
- All other voters need to submit this application for every election in which they want to vote by mail.