COMPLETING AN ABSENTEE BALLOT APPLICATION

To request an absentee ballot in Fulton County, you must be a Fulton County Registered Voter.

1. For verification purposes, a Georgia Drivers' License number must be submitted if the voter has been issued one.

2. Election dates can be found at: **www.sos.ga.gov/elections**

3. Military or overseas voters who are requesting Electronic Ballot Delivery must provide an email address.

4. If necessary, provide an alternate mailing address for out of county voters or those with disabilities.

5. The following individuals may request multiple ballots with this single application:

- **65** years or older
- Physically disabled
- Military (including spouse or dependent residing with member)
- Overseas citizens

5a. Military and overseas citizens must also check this box when requesting Electronic Ballot Delivery.

6. The application must be signed or marked by the voter.

7. A family member must check the appropriate box and sign when completing an application on behalf of a relative who is either residing temporarily out of the county or is physically disabled.

FULTON _____ COUNTY or MUNICIPALITY GA Driver's License # _____ (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: ____/____/20____

FOR PRIMARY ELECTIONS ONLY (please check one): ☐ **DEMOCRATIC** ☐ **NON PARTISAN** ☐ **REPUBLICAN** (2)

APPLICATION DATE	DATE OF BIRTH	DAYTIME CONTACT NUMBER (optional)	EMAIL ADDRESS(required for UOCAVA Voter requesting electronic transmission)
____/____/____	____/____/____	(_____) _____-_____	(3)

NAME AS REGISTERED	LAST	FIRST	MIDDLE
ADDRESS AS REGISTERED	STREET #	CITY	ZIP CODE

☐ Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled vot

# STREET	CITY	STATE	ZIP CODE

(4)

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 75, disabled, or military or overseas citizens). You may file your application up to 180 days prior to the Date of the Election.

(5)

*** 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 65years of age or older.

☐ D - Disabled - I have a physical disability.

☐ 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 ☐ (5a)

NOTE: A SEPARATE APPLICATION IS REQUIRED FOR A PRESIDENTIAL PREFERENCE PRIMARY

(6)

SIGNATURE OR MARK* OF VOTER - REQUIRED *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.

(7)

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

OFFICE USE ONLY

Voter Registration #_____

DIST. COMBO _____ PRECINCT _____

BALLOT # _____ ISS. DATE _____

CERTIFIED DATE _____ REJECTION DATE _____

ID SHOWN: GADL ☐ OTHER _____

Ballot to be: ☐Mailed ☐ Electronically Transmitted
☐Delivered to voter in hospital by Registrar/Deputy Registrar
☐Voted in office (Municipal Only)

FORM #ABS-APP-14

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

PACKET PREPARED BY _____

PACKET REVIEWED BY _____

REASON FOR REJECTION: _____

Registrar Signature _____

RETURN YOUR ABSENTEE BALLOT APPLICATION TO FULTON COUNTY REGISTRATION & ELECTIONS

Attn: Absentee Ballot Division

130 Peachtree Street, SW, Suite 2186, Atlanta, GA 30303

Fax: 404-730-8839 Email: Elections.Absentee@FultonCountyGa.Gov

**Prefered to be faxed to 404-730-8839