

Voter Registration and absentee ballot request

Georgia

Special notes for Georgia: Georgia requires a copy of your driver's license or other ID.

1. Fill out the Voter Registration Form. Use your **residence address** in Georgia, that corresponds to your drivers license or other ID
2. If you aren't sure of your county check here and we'll look it up for you. Your "municipality" is just the name of your city town village etc.
3. If you want to vote by mail, fill out the Absentee Ballot Request. Give your residence address in Georgia, and also your mailing address for an absentee ballot. If you plan to vote in person, do not fill out the Absentee Ballot request.
4. Most states require a drivers license number, or a non-drivers state ID number, or part of a social security number
5. Most states require a copy of your ID. **We'll help you copy your ID right here.**
6. Fill out your contact info below, so that we can reach you if necessary.
7. Staple or clip this sheet and the Voter Registration Form and the Absentee Ballot Request together and **give it to the VR volunteer.**
8. We'll look up the correct county clerk or election board for your state & county, and mail it for you right away.
9. Watch for your ballot in the mail.

Name _____

Phone _____

Email _____

- I requested an absentee ballot; I will vote by mail
- I did not request an absentee ballot; I plan to vote in person.
- I'm interested in volunteering; please contact me

Organizer: Look up the county if necessary at <http://quickfacts.census.gov/cgi-bin/qfd/lookup>
Send this absentee ballot request and this voter registration form together to the county-level election authority.
Find the correct mailing at <http://longdistancevoter.org> Use the address given for absentee ballot requests
Do not send absentee ballot requests to the state election authority. Do not send the forms to different destinations.

STATE OF GEORGIA APPLICATION FOR VOTER REGISTRATION

Fill out the bottom half of this application by following these directions. Print clearly and use blue or black ink.

1. **LEGAL NAME.** Your full legal name including any suffix such as Sr., Jr., III, is required on this form.
2. **ADDRESS.** Provide residential address. This information is required.
3. **MAILING ADDRESS.** If mailing address is different from residential address, complete the mailing address section.
4. **PERSONAL INFORMATION.** A telephone number is helpful to registration officials if they have a question about your application. Gender and race are requested and are needed to comply with the Voting Rights Act of 1965, but are not mandated by law.
5. **VOTER IDENTIFICATION NUMBER.** Federal law requires you to provide your full GA Drivers License number or GA State issued ID number. If you do not have a GA Drivers License or GA ID you must provide the last 4 digits of your Social Security number. Providing your full Social Security number is optional. Your Social Security number will be kept confidential and may be used for comparison with other state agency databases for voter registration purposes. If you do not possess a GA Drivers License or Social Security number please check the appropriate box and a unique identifier will be provided for you.
6. **OATH.** Federal law requires that you answer the citizenship and age questions. Read the oath and sign your name. If you cannot complete this application unassisted because of physical disability or illiteracy, you must either sign or make your mark on the signature line, and the person assisting you **MUST** sign the signature space for person assisting voter.
7. **POLL OFFICER QUESTION.** Your willingness to be a poll worker will have no bearing on your application for registration.
8. **NAME/ADDRESS CHANGE.** Complete these sections to change the name or address of your current voter registration.
9. **MAP/DIAGRAM:** If you live in an area without house numbers and street names, please include a drawing of your location to assist us in locating your appropriate voter precinct.
10. **DELIVERY INSTRUCTIONS:** Verify that you have completed and signed the application. Enclose a copy of your ID if you are submitting this form by mail and registering for the first time in Georgia. Fold the application in half, remove the tape at the top, and press the edges together. The application is ready for you to mail (postage is prepaid) or deliver to your county voter registration office.
11. **You are NOT officially registered to vote until this application is approved.** You should receive a voter precinct card in the mail. If you do not receive this acknowledgement within two to four weeks after mailing this form, please contact your county voter registration office. You can find your poll location and other election information on the Secretary of State's website at www.sos.state.ga.us/elections.

REQUIREMENT: If you are submitting this form by mail and you are registering for the first time in Georgia, enclose a copy of one of the following with your application: A copy of a current and valid photo ID, a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address. Those who are entitled to vote by absentee ballot under the Uniform and Overseas Citizens Absentee Voting Act are exempt from this requirement.

Place copy of ID in pocket Trim copy of ID to size

COUNTY PRECINCT	MUNICIPAL PRECINCT	DISTRICT COMBO	DDS APPLICATION NO.	REGISTRATION NO.	CHANGE OF ADDRESS <input type="checkbox"/> CHANGE OF NAME <input type="checkbox"/> OTHER _____		
OFFICE USE ONLY							
1	LAST NAME	FIRST NAME	MIDDLE OR MAIDEN NAME	SUFFIX <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V			
2	RESIDENCE ADDRESS: House No. and street name		APT. NO.	CITY	COUNTY	STATE GA.	ZIP CODE
3	MAILING ADDRESS (If different from residence address): Post-office box or route			CITY	STATE	ZIP CODE	
4	TELEPHONE NUMBER ()	DATE OF BIRTH: MM/DD/YYYY	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	RACE/ETHNICITY: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Other			
5	VALID GA. DRIVER'S LICENSE OR GA. I.D. NO. [] [] [] [] [] [] [] [] [] []	If no GA Driver's License or GA. I.D. No., must provide last 4 digits of your Social Security Number		FULL SOCIAL SECURITY NUMBER (OPTIONAL) Last 4 Digits (Required) [] [] [] []		<input type="checkbox"/> Check if you do not have a GA Driver's License, GA. I.D. No. or Social Security No.	

6 **I SWEAR OR AFFIRM:** (Your answer is required under federal law)

Are you a citizen of the United States of America? Check One: Yes No

Will you be 18 years of age on or before election day? Check One: Yes No

If you checked "No" in response to either of these questions, do not complete this form.

I SWEAR OR AFFIRM THAT:

I reside at the address listed above.

I am eligible to vote in Georgia.

I am not serving a sentence for having been convicted of a felony involving moral turpitude.

I have not been judicially declared to be mentally incompetent.

Date

X
Signature

WARNING: Any person who registers to vote knowing that such person does not possess the qualifications required by law, who registers under any name other than such person's own name, or who knowingly gives false information in registering shall be guilty of a felony.
O.C.G.A. § 21-2-561

7 May we contact you about working as an Election Day poll officer? Yes <input type="checkbox"/> No <input type="checkbox"/> If you would like to receive additional information by email, please provide your e-mail address: _____	8	CHANGE OF NAME: If you are changing your name, list the name under which you were previously registered: Last Name _____ Suffix _____ First _____ Middle or Maiden Name _____	Military Active Duty? Yes <input type="checkbox"/> No <input type="checkbox"/>
		CHANGE OF ADDRESS: If you are changing your address or if you were previously registered to vote, list your previous address: _____	
		CITY _____ COUNTY _____ STATE _____	

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

NOTE: You may submit your application by mail, by facsimile transmission, or in person. A disabled or illiterate voter may receive assistance.

County or Municipality: _____ Application Date: _____

PLEASE PRINT (FAILURE TO FILL OUT THIS FORM COMPLETELY WILL DELAY YOUR APPLICATION)

Name as registered: _____ Date of Birth: _____

Address as registered: _____
(CITY) (STATE) (ZIP)

Mailing address on registration record: _____
(CITY) (STATE) (ZIP)

Date of Primary, Election, or Runoff: _____ If requesting ballot for primary, designate ballot type:
 DEMOCRATIC REPUBLICAN

PLEASE CHECK THE APPROPRIATE BOX: (circle one of the codes below)

ABSENTEE VOTING: Please see reverse side for description of codes and circle one of the codes below:

E **OP** D CG EO RH PS MST MOS OSP OST NR (By Mail Only)*

ADVANCE VOTING (In Person Only): Monday - Friday of the week immediately preceding the election; not required to provide a reason.

MANNER IN WHICH ABSENTEE BALLOT IS PROVIDED:

- Ballot to be mailed to voter.
- Ballot issued and voted in registrar's office.
- Ballot to be delivered to voter in hospital (at Registrar's discretion).
- Mail ballot to my temporary out-of-county address (or alternate address in the case of a physically disabled voter).

Address to mail ballot to: _____

MILITARY/PHYSICAL DISABLED/ 75 YEARS OR OLDER VOTERS:

You may choose to submit one application and receive a ballot for the Primary, Primary Runoff, Election, and Election Runoff if you meet the following criteria:

- A member of the **Armed Forces or Merchant Marines of the United States** or a spouse or dependant living outside the county or municipality in which the election is held or a civilian permanently or temporarily residing overseas; or
- A voter age 75 or older, or
- A voter with a physical disability. } **Important: A separate application must be made for the Presidential Preference Primary if you are in one of these categories.**

By checking this box you are stating: I meet the above criteria and I choose to receive all absentee ballots as allowed by law.

I request that the ballot be mailed to: _____

SIGNATURE OR MARK OF VOTER

Signature of person preparing application if voter is disabled or illiterate

VOTERS RESIDING TEMPORARILY OUT OF COUNTY/MUNICIPALITY OR VOTERS WITH A PHYSICAL DISABILITY RESIDING WITHIN THE COUNTY/MUNICIPALITY:

In the case of a voter residing temporarily out of the county/municipality or a physically disabled voter residing within the county/municipality, 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:

- Residing temporarily out of the county/municipality.
- A physically disabled voter residing within the county/municipality and that the facts included within this application are true.

Signature and relationship of relative requesting ballot

I hereby certify that:

- The voter named is eligible to receive an absentee ballot
- The voter named is ineligible to receive an absentee ballot

Date Application Received: _____

Date Ballot Mailed: _____

Date Ballot Returned: _____

Type of Identification: _____

Signature of Registrar/Clerk: _____

Office Use Only

Voter Registration #: _____

Precinct ID: _____

District Combo#: _____

Reason for rejection: _____