**STEP 1**: **Voter Information (Please print):**

Name as Registered: _____ Date of Birth: _____

Address as registered (do not use a PO Box here): _____

Mail ballot to: _____

GA DL or ID# (optional): _____ or Last four digits of SSN (optional): _____

Date: _____

**STEP 2**: **Election Date (Choose only one):**

Ballots may be requested up to 180 days prior to the election. I hereby request a ballot be issued to me for the following election:

☐ May 20, 2014 General Primary/Nonpartisan Election    ☐ July 22, 2014 General Primary/Nonpartisan Runoff

**For General Primary/Nonpartisan Election, select only one ballot:** ☐ Democratic   ☐ Republican   ☐ Nonpartisan

☐ November 4, 2014 General Election    ☐ December 2, 2014 State General Election Runoff

☐ January 6, 2015 Federal General Election Runoff

**For Elderly and Disabled Voters ONLY:**
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:
☐ I am 75 years of age or older        ☐ I have a physical disability

**STEP 3**: **Signature Information:**

**If requesting your own ballot, signature or mark of voter required.**

The voter must sign or make a mark. If the signature or mark does not match the signature or mark on file, the voter will be asked to update the registration record.

Signature or Mark of Voter: _____ Date: _____

Sign and date if preparing this application for illiterate or disabled voter: _____

**If requesting a ballot for another voter, signature and reason required.**

You may apply on behalf of another person only in the following circumstances: In the case of a voter temporarily residing 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, 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 or; ☐ is a physically disabled voter residing within the county, and the facts included in this application are true.

Signature and relationship of relative requesting ballot: _____

Date: _____

**FOR OFFICE USE ONLY:** Registration #: _____ Combo#: _____ Precinct#: _____

☐ Eligible   ☐ Not eligible, reason: _____ **IDR:** ☐ Y  ☐ N   **PARTY:** ☐ D  ☐ R  ☐ N

Signature of Registrar/Deputy: _____

Application Received Date: _____

Signature Checked By: _____   Ballot Pulled By: _____

Ballot Issued By: _____        Ballot Packed By: _____

Ballot Mailed Date: _____

Ballot Received Date: _____

Place ElectioNet Label Here