

**CITY OF DULUTH APPLICATION FOR ABSENTEE BALLOT BY MAIL**  
*Please read instructions on other side carefully before completing the application.*

**Voter Registration Information**

Current Name (as registered): \_\_\_\_\_

Current Address: Street address, city, state, zip  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**Please provide one of the following identifiers:**

Georgia DL# \_\_\_\_\_

**or** Last four digits of SSN: \_\_\_\_\_

Mail ballot to address as registered

Ballot to be delivered to voter in hospital:

Please mail ballot to a temporary out- of-city address or alternate address for a physically disabled voter.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Election and Reason for Voting**

*Ballots cannot be requested more than 180 days prior to any election.*

**Select which elections you would like absentee ballots for:**

General Election **NOVEMBER 3, 2009**

(if needed) General Runoff **DECEMBER 1, 2009**

Today's Date: \_\_\_\_\_



**NOTE:** Georgia law prohibits the mailing of ballots to any address not on the voter registration records, unless the voter is physically disabled, in the hospital, or temporarily residing outside of the county.

When completed: Fax to City Hall at 678-957-7280 or mail to Elections Superintendent, City of Duluth, 3167 Main St, Duluth, GA 30096.

**Oath of Elector/Requestor**

I understand that the offer or acceptance of any money or other object of value to vote for any particular candidate, list of candidates, issues or list of issues included in this election constitutes an act of voter fraud and is a felony under Georgia Law O.C.G.A. § 21-2-384 (c), § 21-2-570.

\_\_\_\_\_  
**Signature or Mark of Voter**

*If you assisted a voter in completing this application due to physical disability or illiteracy, please sign and date below.*

\_\_\_\_\_  
**Signature & Date**

**I am requesting a ballot on behalf of another voter. I do swear or affirm that this voter is:**

- temporarily residing out of the county or:
- a physically disabled voter residing within the county.

\_\_\_\_\_  
**Signature of Relative Requesting Ballot**

\_\_\_\_\_  
**Printed name & Relationship to Voter**

Date: \_\_\_\_\_

**OFFICE USE ONLY** VOTER REGISTRATION NUMBER: \_\_\_\_\_

Voter name is eligible  Voter named is not eligible, reason: \_\_\_\_\_

SIGNATURE OF REGISTRAR: \_\_\_\_\_

APPLICATION RECD: \_\_\_\_\_

DATE BALLOT MAILED: \_\_\_\_\_

BALLOT RETURNED: \_\_\_\_\_

TYPE OF IDENTIFICATION: \_\_\_\_\_

**SPECIAL NOTE: If you are personally delivering your request and absentee voting has begun, by law, you must vote at that time. You may not take a ballot with you or have it mailed. O.C.G.A. §21-2-285(c)**

## Voter Registration Information

1. Print your current name, address, and date of birth. If you have moved or had a name change, but not yet updated your registration record, your request for a ballot may be delayed. To check the status of your registration visit the Secretary of State's website at [www.sos.state.ga.us](http://www.sos.state.ga.us) and click on the Elections Tab and then Poll locator.
2. Email and phone numbers are requested but not required. These are used to contact voters if any discrepancies or questions arise regarding applications.
3. Identifiers are requested but not required. It allows the application to be processed more expeditiously.
4. Balloting materials, by law, must not be mailed to any address not on the voter registration records, unless the voter is physically disabled or temporarily residing outside of the city.

**Return ballot request by fax  
to 678-957-7280 OR mail to:**

**City of Duluth Elections  
3167 Main Street  
Duluth, GA 30096**

## Election and Reason for Voting

1. You may only choose one election per application.
2. **MILITARY/OVERSEAS/ PHYSICALLY DISABLED/ 75 YEARS OR OLDER VOTERS:**  
You may choose to submit one application and receive a ballot for the Election and Election Runoff (if needed) if you meet the following criteria:

A member of the Armed Forces or Merchant Marines of the United States or a spouse or dependent 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.



**Questions? Call 770/476-3434**

## Oath of Voter / Requestor

1. Signature is required. Failure to sign the application is cause for rejection. *NOTE: if a voter is unable to sign their name they are still required by law to make a "mark" on the signature line.* Signature must match registration record on file. If it does not match, the voter must update the record with the new signature or mark.
2. If you receive assistance completing the form, the person who assisted must sign and date.
3. You may request a ballot for another voter under certain circumstances. If the voter is physically disabled, illiterate or temporarily out of the county. You must provide the mailing address for the ballot in the first column, as well as your printed name, signature and relationship to the voter in the yellow highlighted section.

The following individuals may request a ballot on a voter's behalf: mother, father, grandparents, aunt, uncle, brother, sister, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law or any individual residing in the household, if elector is disabled.