

APPLICATION FOR ABSENTEE BY MAIL BALLOT (except Military & Overseas Voters)

Name: _____ Date of Birth: _____ Mother's Maiden Name: _____
(PLEASE PRINT)

Residential Address: _____
(Street, City, State, Zip Code -DO NOT USE A POST OFFICE BOX NUMBER)

Day Phone #: (____) _____ *Soc. Security #: _____ - _____ - _____ *LA Driver's License #: _____

*OPTIONAL

Ward/Dist./Precinct, if known _____

CHOOSE ONLY ONE (1) OF THE OPTIONS BELOW::

I am eligible and choose to vote absentee by mail in all elections from date of this application hereafter for the reason checked below:

_____ **SENIOR CITIZEN**:** I am 65 years of age or older.

_____ **DISABLED/HOMEBOUND/NURSING HOME:**** I am disabled and I am submitting a copy of current proof of disability which includes either a mobility impaired identification card issued by the office of motor vehicles, social security disability benefits, veteran's disability benefits, paratransit services, benefits from the office for citizens with developmental disabilities, benefits from Louisiana Rehabilitation Services, or physician's letter certifying my disability. (Note: If you are a new registrant who is homebound and you have not previously voted in the parish, or you are in a nursing home or in a veteran's home, you must provide the physician's letter.) I also enclose a copy of either my LA driver's license, LA special ID card, other generally recognized photo ID that contains my name and signature, or a letter where I have listed the names and addresses of 2 persons residing in my precinct who can make oath, if required, to the effect that I am physically disabled.

I am applying for a ballot for the **Primary Election (date):** _____ **AND/OR General Election (date):** _____ for the reason checked below. *If I request a general election ballot at the same time as a primary election ballot, I declare that I will be eligible to vote absentee by mail in the general election.*

_____ **HIGHER EDUCATION:** I am a student (*Copy of student ID or fee bill is attached if voting for 1st time*), instructor, or professor located and living outside my parish of registration, or a spouse/dependent.

_____ **CLERGY:** I am a minister, priest, rabbi, or other member of the clergy assigned outside my parish of registration, or a spouse/dependent.

_____ **TEMPORARILY ABSENT:** I am or expect to be temporarily outside the territorial limits of the state or absent from my parish of registration during the early voting period and on Election Day. (*If requesting ballot to be mailed to an address within the parish, you must indicate the dates you will be temporarily absent from _____ through _____ (provide dates).*)

_____ **MOVED OUT OF PARISH:** I moved my residence to another parish more than 100 miles from the parish seat of my former residence after the voter registration books closed.

_____ **INVOLUNTARY CONFINEMENT:** I am involuntarily confined in an institution for mental treatment outside my parish of registration and I am not interdicted and not judicially declared incompetent.

_____ **HOSPITALIZED:** I expect to be hospitalized on election day and I did not have knowledge until after the time for early voting had expired; or I was hospitalized during the time for early voting and I expect to be hospitalized on election day; or I was either hospitalized or restricted to my bed by my physician during early voting and on election day;

_____ **OFFSHORE:** I expect to be out of my precinct of registration and upon the waters of the state both during the early voting period and on Election Day because of my employment or occupation.

_____ **INCARCERATED:** I am incarcerated in an institution inside/outside my parish of registration and I am not under an order of imprisonment for conviction of a felony (*certification by sheriff is attached*).

_____ **ACP:** I am a program participant in the Department of State Address Confidentiality Program.

_____ **JUROR:** I will be sequestered on the day of the election (*certified copy of court order attached*).

****Applying for the reason of senior citizen disabled or homebound entitles you to receive an absentee ballot by mail automatically for all elections hereafter unless your ballot is returned to the registrar as undeliverable or you cancel the request. If you qualify as a nursing home or veteran's home resident, the registrar of voters will visit the home on a predetermined day before Election Day to allow you to vote early by machine or paper ballot for all elections hereafter until you cancel the request or no longer reside at that home.**

I understand that my absentee ballot(s), if sent to an address within the parish or an adjacent parish, can only be sent to the address at which I am registered to vote, my mailing address on file with the registrar of voters, or an address at which I regularly receive mail. Please send my absentee ballot(s) and instructions to:

Address: _____
(Street, City, State, Zip Code)

I CERTIFY that the statements made herein by me are true and correct and I may be subject to a fine of not more than \$2,000 or imprisonment for not more than 2 years, or both, for knowingly making false statements.

Signature or Mark: _____ Date: _____

_____/_____
WITNESS (SIGNATURES OF 2 WITNESSES REQUIRED ONLY IF SIGNED BY MARK) WITNESS

MAIL, FAX, OR HAND DELIVER THIS FORM TO>>> Registrar of Voters of your parish of registration. Visit our website at www.GeauxVote.com for contact information or call toll free 1-800-883-2805. (Certain exceptions apply to applications sent by facsimile or by hand delivery.)

FOR OFFICIAL USE ONLY: Reg. # _____ W/D/P Party Date Rec'd. _____
Submitted by: _____ Relationship to Applicant: _____ OAR Rev.8/2014