



# EFFINGHAM COUNTY APPLICATION FOR ABSENTEE BALLOT

One application per election (see exceptions below for Elderly, Disabled or UOCAVA)

**I AM REQUESTING A BALLOT BE MAILED TO ME FOR THE:**

**November 3, 2020 General Election**

For **ELDERLY** and **DISABLED** Voters only: You may choose to complete one application and receive all ballots you are eligible for the 2020 Election Cycle by checking one of the following boxes.

Please check a reason:  **ELDERLY** (You must be 65 Yrs Old or Older)  **DISABLED**

For UOCAVA Voters Only—I would like to receive my absentee ballots by electronic transmission

Email required:

My current status is (please check one):  **MOS – Military Overseas**  **MST – Military Stateside**  **OST – Overseas Temporary Resident**

NAME AS REGISTERED:		DATE OF BIRTH:	DATE OF APPLICATION:
GA DRIVER'S LICENSE # <u>OR</u> LAST 4 DIGITS OF SOCIAL SECURITY NUMBER		TELEPHONE NUMBER:	
ADDRESS AS REGISTERED: STREET NUMBER & NAME		CITY	ZIP CODE
MAILING ADDRESS: (If not the same as Residence):			
<input type="checkbox"/> MAIL TO MY TEMPORARY OUT OF COUNTY ADDRESS: (or alternative address for a physically disabled voter)			

SIGNATURE OF VOTER

\*SIGNATURE OF PERSON PREPARING APPLICATION IF VOTER IS DISABLED OR ILLITERATE

\* You may apply on behalf of another person in the following circumstances: OCGA § 21-2-381(b) In the case of an elector residing temporarily out of the county or a physically disabled elector residing within the county, the application for the elector's absentee ballot may, upon satisfactory proof of relationship, be made by such elector's mother, father, grandparent, aunt, uncle, brother, sister, 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 facts included in this application are true and that the above-named voter is:  Residing temporarily out of the county or;  A physically disabled voter residing within the county and the facts included in this application are true.

\*SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT

OFFICE USE ONLY

PRECINCT # \_\_\_\_\_ MUNI# \_\_\_\_\_ COMBO# \_\_\_\_\_ IDR Y N

Is eligible  Is not eligible to receive an absentee ballot, Reason: \_\_\_\_\_

Signature of Registrar/ Deputy \_\_\_\_\_ Ballot # \_\_\_\_\_

App. Received:

Signature checked by:

Ballot Mailed:

Ballot Received:

Remember to:

- Select a Ballot Type, if the request is for a Primary Election:

**Democrat**—ballot contains only Democrat Candidates for each race, and Non-Partisan Elections, any Special Elections and any additional questions placed on the ballot by the Democratic Party.

**Republican**— ballot contains only Republican Candidates for each race, and Non-Partisan Elections, any Special Elections and any additional questions placed on the ballot by the Republican Party.

**Non-Partisan**—ballot contains ONLY Non-Partisan races and/or Special Elections.

- Select a reason code for requesting a UOCAVA ballot for Military and Overseas Voters.
- Select Elderly or Disabled on your application and receive ballots for the General Primary, General Election and any applicable runoffs.
- SIGN your application.**

**The application may be submitted in one of the following ways:**

You can **mail or hand deliver** the application to: Effingham County Board of Elections and Registration  
284 GA Highway 119 South  
Springfield, GA 31329

You can **fax** the application to: 912-754-8408

You can **email** the scanned image to: [boe@effinghamcounty.org](mailto:boe@effinghamcounty.org)

***O.C.G.A. §21-2-384(c) and 21-2-570***

***I understand that the offer or acceptance of money, gifts, or any other object of value for the purpose of voting or voting for any particular candidate, list of candidates, issue, or list of issues in this election constitutes an act of voter fraud and is a felony under Georgia law.***

**SPECIAL NOTE REGARDING ASSISTING VOTERS:**

**ALL ELECTIONS** – If the applicant is unable to fill out or sign his or her own absentee ballot application because of illiteracy or physical disability, the applicant shall make his or her mark, and the person filling in the rest of the absentee ballot application must sign below the voter's name as a witness. O.C.G.A. §21-2-385(1)(F).

**STATE, COUNTY, MUNICIPAL ELECTIONS** – A physically disabled or illiterate elector may receive assistance in preparing his/her ballot from one of the following: any elector who is qualified to vote in the same county or municipality as the disabled or illiterate elector; an attendant care provider or a person providing attendant care; or the mother, father, grandparent, aunt, uncle, brother, sister, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, of the disabled or illiterate elector. The person rendering assistance to the elector in preparing the ballot shall sign the oath printed on the same envelope as the oath to be signed by the elector. If the disabled or illiterate elector is sojourning outside his or her own county or municipality, a notary public of the jurisdiction may give such assistance and shall be signed by the elector. No person shall assist more than ten such electors in any primary, election, or runoff in which there is no federal candidate on the ballot. O.C.G.A. §21-2-385(b).