

# 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: **MCDUFFIE**

DATE: \_\_\_\_\_

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

Name as registered: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address as registered \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

**DATE OF ELECTION: NOVEMBER 3, 2009**

## **\*VOTE BY MAIL**

( ) A voter age 75 or older, or

( ) A voter with a physical disability.

( ) **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: \_\_\_\_\_, GA  
\_\_\_\_\_

SIGNATURE OF VOTER \_\_\_\_\_

Signature of person preparing application \_\_\_\_\_ (if voter is disabled or illiterate)

## **VOTERS RESIDING TEMPORARILY OUT OF COUNTY OR VOTERS WITH A PHYSICAL DISABILITY RESIDING WITHIN THE COUNTY:**

In the case of a voter residing temporarily 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, 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.

( ) A physically disabled voter residing within the county and that the facts included within this application are true.

\_\_\_\_\_  
**Signature and relationship of relative requesting ballot**