

THE GEORGIA PRIMARY RUNOFF IS NOW **AUGUST 11**

Your vote counts. **DEKALBDEMS.COM**

[Updated 2020 Election Calendar](#)

[Georgia Voter Guide](#)



Georgia, we're voting again!

Primary Runoff Election	August 11, 2020
Federal, Local & State Election	November 3, 2020
Local & State Election Runoff (if needed)	December 1, 2020
Federal Election Runoff (if needed)	January 5, 2021

Georgia made national news with its unfortunate rollout of the new Ballot-Marking Device system. In case those challenges persist into the next election, it is recommended that voters use Absentee Ballots.

Voters are now eligible to request ballots for all four elections.

The Secretary of State is not sending Absentee Ballot applications again, so voters must apply by downloading and completing an application form for each election in this cycle (unless you are over 65, disabled, or live overseas and have already made arrangements to receive absentee ballots for future elections.)

- **Download or print your absentee ballot applications**, attached and at https://bit.ly/absentee_application

- **Fill out the absentee ballot application** using the attached step-by-step instructions, also available at https://bit.ly/2020fill_form

Section 5: *August 11, Primary Runoff*--select a Democratic, Republican, or Non-Partisan ballot
November 3, Federal, Local & State Election--all ballots are the same
December 1, Local & State Election Runoff--all ballots are the same
January 5, Federal Election Runoff--all ballots are the same

Section 10 (Optional) Voters who are over 65 years old, disabled, or live overseas can request to automatically receive a ballot by mail for every election through January, 2021 by filling out this form once using the August 11 date and filling in the appropriate box.

- **Return the application(s) to your county registrar office ASAP one of three ways:**

By mail. Find your county office contact information here: https://bit.ly/2020_County Multiple applications can be in the same envelope. Postage is not supposed to be required, but it is advised to use it if possible.

By email. Scan or take a photo of each application and attach it to an email. County information found here: https://bit.ly/2020_County.

In person.



- **Track your vote-by-mail status** at <https://www.mvp.sos.ga.gov/MVP> using the attached Track Your Vote By Mail Status instructions: https://bit.ly/2020_Track

Questions? Please contact Karen Davenport at gotv.dekalbdems.com or Protection Hotline at 888-730-5816.



Brad Raffensperger
SECRETARY OF STATE

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

PLEASE PRINT (Failure to fill out the form completely could delay your application)

Date of Primary, Election, or Runoff: / /

Voter Registration #:

Voter name	1	First: <u> </u> Middle: <u> </u> Last: <u> </u> Suffix: <u> </u>
Permanent address on file with county election office <small>This is the address at which you are registered OR the mailing address you have given your county elections office. Your ballot will be sent here unless you provide a valid address in Section 3.</small>	2	Street: <u> </u> City: <u> </u> Zip: <u> </u> County: <u> </u>
Temporary address where you want ballot sent <small>If you wish to receive your absentee ballot at an address other than the one in Section 2, fill it in here. This address must be in a different county than the county listed in Section 2 unless you are physically disabled, detained, or are updating your permanent address.</small>	3	Street: <u> </u> City: <u> </u> Zip: <u> </u> County: <u> </u> <input type="checkbox"/> Check here if your permanent address has changed and you want to update the address in Section 2 with the address you've provided in Section 3.
Date of birth	4	Date of birth: (MM/DD/YYYY) <u> </u>
Type of ballot Required; check one	5	<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan (will not have ANY party candidates listed)
Contact information	6	To assist your county elections officials in contacting you in a timely manner if your application is incomplete, please provide the following information. Phone number: <u> </u> Email: <u> </u>
Signature or mark of voter Required if voter fills out this application	7	Signature or mark of voter: <u> </u> Today's date: (MM/DD/YYYY) <u> </u>
Signature of person providing assistance Required only if voter is disabled or illiterate and received assistance completing this application	8	Signature of assistant: <u> </u> Today's date: (MM/DD/YYYY) <u> </u>
Signature of person requesting ballot if not voter Required only if Section 7 is left blank	9	Signature of requestor: <u> </u> Relationship to voter: <u> </u> I swear that the facts contained in this application are true and that I am either the 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 and swear (or affirm) that the above-named voter is (check one) <input type="checkbox"/> physically disabled or <input type="checkbox"/> temporarily residing out of the county
Eligibility to receive vote by mail ballots for the rest of the election cycle without another application?	10	<input type="checkbox"/> E - Elderly - I am 65 years of age or older <input type="checkbox"/> D - Disabled - I have a physical disability <input type="checkbox"/> U - UOCAVA Voter - I am a uniformed service member, spouse or dependent of a uniformed service member, or other US citizen residing overseas. My current status is (please mark one) : <input type="checkbox"/> MOS - Military Overseas <input type="checkbox"/> OST - Overseas Temporary Resident <input type="checkbox"/> MST - Military Stateside <input type="checkbox"/> OSP - Overseas Permanent Resident (federal offices only) Email: (required for UOCAVA voters requesting electronic transmission) <u> </u>

FOR OFFICE USE ONLY

Dist. Combo: Precinct: Ballot #:
Received Date: ISS Date: Certified Date: Rejection Date:
ID SHOWN: GADL Other:
I certify that the above named voter ☐ is eligible ☐ is not eligible to receive a vote by mail ballot
Reason for Rejection: Registrar Signature:
Ballot to be: ☐ Mailed Electronically ☐ Transmitted/delivered to voter in hospital by Registrars/Deputy ☐ Voted in office (municipal only)

HOW TO APPLY TO VOTE BY MAIL

Step 3: Complete the Application (continued from page 1)



APPLICATION FOR OFFICIAL ABSENTEE BALLOT

PLEASE PRINT (Failure to fill out the form completely could delay your application)

Date of Primary Election, or Runoff: 6/9/20

Voter Registration #: leave this blank

Date of Election: Write in 8/11/20, 11/3/20, 12/1/20, or 1/5/21

Voter Registration #: If you don't have this information you can leave this line blank.

Voter name	1	First: _____ Middle: _____ Last: _____ Suffix: _____
Permanent address on file with county election office <small>This is the address at which you are registered. If the mailing address you have given your county elections office, your ballot will be sent there unless you provide a valid address in Section 3.</small>	2	Street: _____ City: _____ Zip: _____ County: _____
Temporary address where you want ballot sent <small>If you wish to receive your absentee ballot at an address other than the one in Section 2, fill it in here. This address must be in a different county than the county listed in Section 2 unless you are physically disabled, detained, or are updating your permanent address.</small>	3	Street: _____ City: _____ Zip: _____ County: _____ <input type="checkbox"/> Check here if your permanent address has changed and you want to update the address in Section 2 with the address you've provided in Section 3.
Date of birth	4	Date of birth: (MM/DD/YYYY) _____
Type of ballot Required; check one	5	<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan (will not have ANY party candidates listed)
Contact information	6	To assist your county elections officials in contacting you in a timely manner if your application is incomplete, please provide the following information. Phone number: _____ Email: _____
Signature or mark of voter Required if voter fills out this application	7	Signature or mark of voter: _____ Today's date: (MM/DD/YYYY) _____
Signature of person providing assistance Required only if voter is disabled or illiterate and received assistance completing this application	8	Signature of assistant: _____ Today's date: (MM/DD/YYYY) _____ At least one signature is required!!!
Signature of person requesting ballot if not voter Required only if Section 7 is left blank	9	Signature of requestor: _____ Relationship to voter: _____ I swear that the facts contained in this application are true and that I am either the 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 and swear (or affirm) that the above-named voter is: (check one) <input type="checkbox"/> physically disabled or <input type="checkbox"/> temporarily residing out of the county
Eligibility to receive vote by mail ballots for the rest of the election cycle without another application? Optional	10	<input type="checkbox"/> E - Elderly - I am 65 years of age or older <input type="checkbox"/> D - Disabled - I have a physical disability <input type="checkbox"/> U - UOCAWA Voter - I am a uniformed service member, spouse or dependent of a uniformed service member, or other US citizen residing overseas. My current status is (please mark one): <input type="checkbox"/> MOS - Military Overseas <input type="checkbox"/> OST - Overseas Temporary Resident <input type="checkbox"/> MST - Military Stateside <input type="checkbox"/> OSP - Overseas Permanent Resident (federal offices only) Email: (required for UOCAWA voters requesting electronic transmission) _____

Section 1: Voter's name as it appears on the voter registration.

Section 2: Voter's address as it appears on the voter registration.

• Did you move? Update your registration address in **Section 3** and check the box to update your registration.

Section 3: Leave blank UNLESS you want your ballot mailed to an address that is different than the address in **Section 2**.

• This address MUST be in a different county than the address in Section 2 UNLESS

- o voter is disabled, or
- o voter is detained, or
- o voter has checked the box to update the registration address.

Section 4: Voter's birthdate.

Section 5: Required for the June 9, 2020 primary. Select one option only.

Section 6: Include a good phone number and email address. If the county has questions about the application, it will contact you with this information.

FOR OFFICE USE ONLY			
Dist. Contor:	Precinct:	Ballot #:	
Received Date:	ISS Date:	Certified Date:	Rejection Date:
ID SHOWN: GADL _____			
I certify that the above named voter is not eligible to receive a ballot by mail.			
Reason for Rejection: _____ Registrar Signature: _____			
Ballot to be: <input type="checkbox"/> Mailed Electronically <input type="checkbox"/> Transmitted/delivered to voter in hospital by Registrar/Deputy <input type="checkbox"/> Voted in office (municipal only)			

Leave this blank

Sections 7, 8 and 9: Hand-written signature (at least 1 signature is required!)

- If the voter is filling out the application, sign and date **Section 7**.
- If you assisted an illiterate or disabled voter complete this application, sign and date **Section 8**. You do NOT have to be related to the voter. The voter shall leave a mark at **Section 7**.
- If you are applying on behalf of a relative who is temporarily living out of the county or is disabled, sign **Section 9** and list the relationship.

Section 10: Are you eligible to receive vote by mail ballots for every election this cycle without needing to reapply each time?

- If you are 65 or older, physically disabled, or living overseas, indicate so here and you will automatically receive a ballot by mail for every election through January 2021.
- All other voters need to submit this application for every election in which they want to vote by mail.