



OVER 65 and Disability Absentee Program Opt Out Form (ABM-OPT)

QUESTIONS? - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

If you are currently enrolled in the over-65 or disabled absentee program and receive a mail ballot for every election in Louisiana, you may cancel your enrollment in this program by using this form. You must fill out all the required fields as marked below.

You can mail or hand deliver your signed form to your parish Registrar of Voters Office (contact information is available by phone or online at www.GeauxVote.com).

Your name as listed on your Louisiana voter registration

Last name (required)	First name (required)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Louisiana residence address as shown on your last voter registration card

Complete residence address (required)

Street address (Not a P.O. Box)	Apt. or Unit	City or Town	ZIP Code	Parish
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your identifying information

Birthdate (required) (MM/DD/YYYY)	<input type="text"/>	Mother's Maiden Name (if known)	<input type="text"/>
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Enter your Louisiana Driver's License or ID card number; if you do not have one, provide the last four digits of your SSN (optional):

Your Louisiana Driver's License or ID card number: _____

The last four digits of your Social Security number: _____

Sign or mark below

Affirmation: I affirm that the information provided above is true and accurate, and I hereby request to be removed from the automatic over-65 or disabled absentee program, effective the date that this form is received by the Registrar of Voters Office. I understand and confirm that I will no longer automatically receive an absentee by mail ballot unless I reenroll into the program.

SIGN HERE PLEASE!

Signature or Mark (required) _____ Date (required)

If you are unable to sign, you must make a mark and have two witnesses to the mark sign below:

OFFICIAL USE ONLY BY REGISTRAR OF VOTERS

Received Date _____ Received by _____ Voter Registration Number _____