

**APPLICATION FOR ABSENTEE BALLOT  
FOR MILITARY & OVERSEAS CITIZENS ONLY**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(PLEASE PRINT)

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

Mother's Maiden Name: \_\_\_\_\_ Wd/Dist/Pct (If known): \_\_\_\_\_

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_ \*\*Soc. Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*\*LA Driver's License #: \_\_\_\_\_  
\*\*OPTIONAL \*\*OPTIONAL

I am entitled to vote absentee in all elections from date of this application through two (2) federal general elections because of the reason checked below:

- \_\_\_\_ 1. I am a member of the United States Service\*, or a spouse or dependent thereof.  
\_\_\_\_ 2. I am residing outside the United States.

*\*\*United States Service" means a member of the armed forces while in active service, a member of the merchant marine of the United States, a civil employee of the United States, in any category, while serving outside the territorial limits of the several states of the United States and the District of Columbia, or a member of a religious group or welfare agency assisting members of the armed forces who is officially attached to and serving with the armed forces. LSA-R.S. 18:1302.)*

All federal election ballots may be transmitted electronically (Presidential election, Congressional elections, Presidential Preference election). All other ballots (state and/or local) must be mailed. Indicate your preference below:

- \_\_\_ Send my federal election ballot(s) electronically and all other ballots by mail or fax (circle one).  
\_\_\_ Send all ballots by mail or fax (circle one).

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax: \_\_\_\_\_

*\*\*LSA-R.S. 18:154 prohibits the disclosure of your electronic mail address, social security number, driver's license number, mother's maiden name, and day and month of your date of birth.*

**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 \$1,000 (\$2,500 for subsequent offense) or imprisonment for not more than 1 year (5 years for subsequent offense), or both, for knowingly making false statements.**

Signature or Mark: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
(SIGNATURES OF 2 WITNESSES REQUIRED ONLY IF SIGNED BY MARK)

**MAIL, FAX, EMAIL OR HAND DELIVER THIS FORM TO>>> Registrar of Voters of your parish of registration. Visit our website at [www.GeauxVote.com](http://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: \_\_\_\_\_