



# NURSING HOME EARLY VOTING PROGRAM

## ENROLLMENT APPLICATION

**(FOR RESIDENTS OF NURSING HOMES ONLY)**



**INSTRUCTIONS:** To submit a paper application complete all sections, print, and return to your parish registrar of voters office.

Nursing homes include veterans homes and extended hospital stays for a physical disability. If you qualify for the nursing home early voting program, the registrar of voters will visit your nursing home before election day to allow you to vote early by machine or paper ballot for all future elections until you cancel the request or no longer reside at the facility. You may receive assistance from the registrar, deputy registrar, or any other person except a candidate, employer, union agent, or nursing home owner, operator, administrator, or employee.

### SECTION 1: VOTER INFORMATION AND NURSING HOME INFORMATION (PLEASE PRINT OR TYPE)

Voter's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Name of Nursing Home: \_\_\_\_\_

Nursing Home Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
(number/street/city/state/zip code (do not use a P.O. Box #))

Day Phone #: \_\_\_\_\_ SSN/Last four: \_\_\_\_\_ LA DL/ID: \_\_\_\_\_ Ward/Precinct, if known: \_\_\_\_\_

Voter Registration Address  
 (if different from nursing home address): \_\_\_\_\_ Parish: \_\_\_\_\_

### SECTION 2: CERTIFICATION AND SIGNATURES

**I CERTIFY that I am a resident of a nursing home, and that the statements made herein by me are true and correct and I may be subject to a fine of not more than \$2,000 or imprisonment for not more than 2 years, or both, for knowingly making false statements. If I am enrolled in an absentee by mail ballot program, I voluntarily cancel my enrollment in that program by enrolling in the Nursing Home Early Voting Program.**

\_\_\_\_\_  
(signature/mark)

\_\_\_\_\_  
(date)

**If your signature is a mark, one witness to your mark is required to sign:**

\_\_\_\_\_  
(witness signature)

\_\_\_\_\_  
(witness printed name)

**MAIL, FAX, OR HAND DELIVER THIS FORM TO** your parish registrar of voters where you are registered. A faxed application cannot be sent from a candidate's fax machine, and must show or contain the fax number from where the application was sent. **If hand delivered or faxed, please complete the following:**

Submitted by: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**Visit our website at [www.GeauxVote.com](http://www.GeauxVote.com) for deadlines and contact information or call toll free 1.800.883.2805.**

FOR OFFICIAL USE ONLY:

Reg. # \_\_\_\_\_ W/P, Party, Date Rec'd. \_\_\_\_\_