



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's 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.

1	Last Name	First Name	Middle Name/Initial	Suffix
2	Date of Birth	Mother's Maiden Name	SSN/Last 4 (Optional)	LA DL/ID (Optional)
3	Phone	Email	Ward/Precinct (Optional)	
4	Name of Nursing Home			
5	Nursing Home Address (do not use a P.O. Box)			
	City	Zip Code	Parish	
6	Voter Registration Address (if different from nursing home address)			
	City	Zip Code	Parish	
7	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 X		Date	
8	Witnesses: If your signature is a mark, one witness to your mark is required to sign. <div>Witness Signature</div> Whenever a document required by or provided for in the Louisiana Election Code is required to be witnessed, the witness shall be at least 18 years of age (R.S. 18:4(A)).			
MAIL, FAX, OR HAND DELIVER THIS FORM TO your parish's 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. No person, except the immediate family of any voter, shall send by facsimile or by hand delivery more than one voter's application to vote absentee to the Registrar of Voters. If hand delivered or faxed, please complete the following.				
Submitted by		Relationship to Applicant		
Visit our website at www.GeauxVote.com for deadlines and contact information or call toll free 1.800.883.2805.				

FOR OFFICIAL USE ONLY:

Registration Number	Date Application Received
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