

**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

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.)*

Please indicate your delivery preference below:

- ____ Send all ballot(s) electronically.
____ 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 \$2,000 or imprisonment for not more than 2 years, 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 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: _____