



SENIOR CITIZEN ABSENTEE BY MAIL BALLOT APPLICATION

(FOR VOTERS 65 YEARS OR OLDER ONLY)

65+

INSTRUCTIONS: To submit a paper application, complete and mail to your parish's Registrar of Voters Office. (Voters with a valid LA driver's license or ID may submit a request electronically by logging in to the Louisiana voter portal at <https://voterportal.sos.la.gov>).

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	Residence Address	City	Zip Code	Parish		
4	Phone	Email	Ward/Precinct (Optional)			
5	Primary Election Date (mm/dd/yyyy)		General Election Date (mm/dd/yyyy)			
6	Ballot Delivery Address (if different from residence address in Section 3)					
7	I certify that I am 65 years of age or older.					
CHECK ONLY ONE	Absentee Enrollment Preference <input type="checkbox"/> I wish to receive an absentee ballot only for the election date(s) listed in Section 5. <input type="checkbox"/> I wish to receive an absentee ballot automatically for the election date(s) listed in Section 5 AND all elections for the next four years. <i>(By selecting this option, you will automatically receive a ballot unless your ballot is returned to the registrar as undeliverable, or you cancel the request.)</i> Beginning in 2029, senior citizens enrolled in the Absentee Program will need to reapply every four (4) years.					
	8 NO PARTY (UNAFFILIATED) VOTERS ONLY: For this election (and all future elections, if enrolling in the automatic ballot program), I am registered as No Party, and I am choosing to receive the following Closed Party Primary ballot until a new application is submitted: <input type="checkbox"/> Democratic ballot <input type="checkbox"/> Republican ballot <input type="checkbox"/> No Party (Unaffiliated) ballot IF YOU ARE CURRENTLY REGISTERED AS AFFILIATED WITH A POLITICAL PARTY, THE REGISTRAR WILL ONLY SEND YOU THE BALLOT YOU ARE ELIGIBLE TO RECEIVE.					
CHECK ONLY ONE	9 I understand that my absentee ballot, if sent to an address within the parish or an adjacent parish, can only be sent to the address at which I am registered to vote, my mailing address on file with the Registrar of Voters, or an address at which I regularly receive mail. 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 X		Date			
10	Witnesses: If your signature is a mark, two witnesses to your mark are required to sign. <table border="1"><tr><td>Witness Signature #1</td><td>Witness Signature #2</td></tr></table> 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)).				Witness Signature #1	Witness Signature #2
Witness Signature #1	Witness Signature #2					
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. <table border="1"><tr><td>Submitted by</td><td>Relationship to Applicant</td></tr></table>					Submitted by	Relationship to Applicant
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FOR OFFICIAL USE ONLY: <table border="1"><tr><td>Registration Number</td><td>Date Application Received</td></tr></table>					Registration Number	Date Application Received
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