

**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.)*

On or before September 17, 2010 we will be able to transmit electronically your federal General Election ballot only. All other ballots (state, local and federal primaries, if any) must be mailed. Indicate your preference below:

- ___ Send my federal General Election ballot 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 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: _____