

SOCIAL SECURITY NO.

COBB COUNTY BOARD OF ELECTIONS & REGISTRATION **APPLICATION FOR OFFICIAL ABSENTEE BALLOT**

**PLEASE PRINT** (FAILURE TO FILL OUT THE FORM COMPLETELY WILL DELAY YOUR APPLICATION)

DATE OF BIRTH	PHONE	E-MAIL ADDRESS	
<b>NAME AS REGISTERED</b>	LAST	FIRST	MIDDLE
<b>ADDRESS AS REGISTERED</b>	#	STREET	CITY ZIP CODE

- Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled voter).
- If the voter will be in the hospital on Election Day, the ballot may, at the discretion of staff, be brought to the hospital by staff for the voter to vote that day. Please specify the hospital.

# Street	CITY	STATE	ZIP CODE
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**I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING ELECTION:**

**Note: one (1) application per election may be filed up to 180 days prior to the Election Date (\*see exceptions below for Over 75, Disabled, Military or Permanent Overseas Citizen)**

- General Primary, July 18, 2006 **choose a party**
- Primary Runoff, August 8, 2006 **choose a party**
- Special Election, September 19, 2006
- General Non-Partisan Election/Special Election, November 7, 2006
- General Non-Partisan Election Runoff, December 5, 2006
- Kennesaw Special Election - City of Kennesaw, January 8, 2008

<p align="center"><b>For Primaries Only, Please Choose a Party:</b></p> <input type="checkbox"/> Democrat <input type="checkbox"/> Republican
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**\* EXCEPTIONS:**

**If you meet the following criteria:** 75 years of age or older, or have a physical disability; you may choose to complete one application and receive a ballot for the Primary and Runoff, and the General and Runoff Elections; by checking this box:

**All absentee ballots as allowed by law** Please mark one:  D - Disabled  E - Elderly

**Member of the Military** living outside the county/municipality, or a spouse or dependent of same or overseas citizen; may receive a ballot for all Primaries and Elections for Federal Office through the second General Election; by checking this box:  **All absentee ballots as allowed by law**

Please mark one:  MOS – Military Overseas  OSP – Overseas Permanent Citizen  
 MST – Military Stateside  OST – Overseas Temporary Residence

**SIGNATURE OR MARK\* OF VOTER**

\*Signature of person preparing application if voter is disabled or illiterate

**You may apply on behalf of another person in the following circumstances:** In the case of a voter residing temporarily out of the county or a physically disabled voter residing within the county, application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law of the age of 18 or over upon completing the following oath: I, the undersigned do swear (or affirm) that the above-named voter is  residing temporarily out of the county or is a  physically disabled voter residing within the county and that the facts included in this application are true.

SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT

**OFFICE USE ONLY**

DIST. COMBO \_\_\_\_\_ PRECINCT \_\_\_\_\_  
 BALLOT # \_\_\_\_\_ ISS. DATE \_\_\_\_\_  
 I.D. SEEN: GADL \_\_\_\_\_ OTHER \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE NAMED VOTER  
 IS ELIGIBLE  
 IS NOT ELIGIBLE TO RECEIVE AN ABSENTEE BALLOT  
 REASON FOR REJECTION: \_\_\_\_\_  
 \_\_\_\_\_  
 INITIALS \_\_\_\_\_

PACKET PREPARED BY: \_\_\_\_\_  
 \_\_\_\_\_  
 PACKET REVIEWED BY: \_\_\_\_\_  
 \_\_\_\_\_

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PACKET PREPARED BY: \_\_\_\_\_  
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 PACKET REVIEWED BY: \_\_\_\_\_  
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