



DISABLED APPLICATION FOR ABSENTEE BY MAIL BALLOT



(FOR DISABLED VOTERS ONLY)

Instructions: to submit a paper application complete sections 1, 2, and 3 and print. (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>)

SECTION 1: VOTER INFORMATION AND ELECTION DATES (PLEASE PRINT OR TYPE)

Name: _____ Date of Birth: _____ Mother's Maiden Name: _____

Residential Address: _____ Parish: _____
(number/street/city/state/zip code (do not use a P.O. box #))

Day Phone #: _____ SSN/Last 4¹: _____ LA DL/ID¹: _____ Ward/Precinct, if known: _____

I am applying for a ballot for the Primary Election on _____ AND/OR the General Election on _____
(mm/dd/yyyy) (mm/dd/yyyy)

- I wish to receive an absentee by mail ballot only for the election dates on this application.
- I wish to receive an absentee by mail ballot automatically for the election dates listed on this application **AND** all elections hereafter. *(By selecting this option, you will receive a ballot automatically unless your ballot is returned to the registrar as undeliverable or you cancel the request.)*

¹ OPTIONAL information to be used for official use only.

SECTION 2: REQUEST REASON AND BALLOT DELIVERY INFORMATION (PLEASE PRINT OR TYPE)

I have been previously approved in the Disability Program, or I am disabled or homebound.

CHECK ONLY ONE (1) OF THE FOLLOWING REASONS FOR WHICH YOU ARE ELIGIBLE TO VOTE BY MAIL:

- I have already been approved by the registrar of voters for the Disability Program.
- I am submitting proof of disability² with this application to the registrar of voters for the Disability Program.
- I am homebound, voting for the first time, and I am submitting proof of disability³ with this application to the registrar of voters for the Disability Program.

² Proof of disability may be a certification from a physician, optometrist, physician assistant, or nurse practitioner, copy of mobility-impaired ID card with photo, or copy of current documentation showing eligibility for disability benefits from Social Security, Veterans Affairs, paratransit services, the Office of Citizens with Developmental Disabilities, or the LA Rehabilitation Services.

³ Proof of disability for reason of being homebound must be a physician's letter certifying that the voter is unable to vote in person because of their disability.

CHECK AN OPTION TO RECEIVE YOUR BALLOT:

- By electronic delivery, my email address is _____
- By mail, my address⁴ is _____
- By fax, my fax number is _____

⁴ If sent to an address within the parish or to an adjacent parish, the ballot can only be sent to the address at which you are registered to vote, your mailing address on file with the registrar of voters, or an address where you regularly receive mail.

SECTION 3: CERTIFICATION AND SIGNATURE(S)

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/mark) _____
(date)

If your signature is a mark, two witnesses to your mark are required to sign:

(witness #1 signature) _____
(witness #2 signature)

MAIL, FAX, OR HAND DELIVER THIS FORM TO your parish 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 by mail 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:

Reg. # _____ W/P Party Date Rec'd. _____