

Social Security No. (optional)

GA Drivers License No.

COBB COUNTY BOARD OF ELECTIONS & REGISTRATION

APPLICATION FOR OFFICIAL ABSENTEE BALLOT BY MAIL

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

DATE OF BIRTH	PHONE #	E-MAIL ADDRESS	
NAME AS REGISTERED	LAST	FIRST	MIDDLE
ADDRESS (CURRENT RESIDENCE) #	STREET	CITY	ZIP CODE

Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled voter).

# 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

- General **Municipal** Election, November 3, 2009, **City of Kennesaw**
- General **Municipal** Election, November 3, 2009, **City of Marietta**
- General **Municipal** Election, November 3, 2009, **City of Powder Springs**
- Municipal** Runoff, December 1, 2009, **City of Marietta**
- Other _____



SIGNATURE OR MARK* OF VOTER - REQUIRED

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

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 - REQUIRED

OFFICE USE ONLY

REG # _____

DIST. COMBO PRECINCT

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: _____

PACKET PREPARED BY: _____

PACKET REVIEWED BY: _____

INITIALS _____

Have You . . .

- Signed your application?
- Selected only one election?
- **Printed** your name and address?

Please Mail or Fax:

Cobb Elections
P. O. Box 649
Marietta, GA 30061-0649

Fax # 770/528-2519