## **COBB COUNTY APPLICATION FOR OFFICIAL ABSENTEE BALLOT BY MAIL 2020**

PLEASE PRINT	「 (SUBMISSION OF	AN INCOMPLETE FORM	WILL DELAY PROCESSING YOUR RE	QUEST)	
GA DL #			APPLICATION DATE (mm/dd/yyyy)	,	
DATE OF BIR	RTH (mm/dd/yyyy)	PHONE # (optional)	EMAIL ADDRESS (Required for UOC	CAVA electronic ballots)	
NAME	LAST	FIRST	MIDDLE		
CURRENT RE	ESIDENTIAL ADDRI	ESS # STREET	CITY		ZIP CODE
☐ Mail the b	pallot to my tempor	ary out-of-county addres	ss: (or alternate address for disabled	l voter)	
	, ,	# STREET	CITY	STATE	ZIP CODE
		MY REGISTRATION IN	IFORMATION:		
NAME AS RE	GISTERED (If known	)			
RESIDENTIA	L ADDRESS AS RE	GISTERED (If known)			
REQUEST AN	ABSENTEE BAL	LOT FOR THE FOLLOW	WING ELECTION: Primary Ele	ctions (must check or	ne):
General Primary/Nonpartisan/Special Election: May Postponed to June 9, 2020			<del>l<b>y 19, 2020</b> Re</del>	mocratic publican npartisan	
	t file a separate applica nore than 180 days pri		n you are requesting an absentee ballot (*see	exceptions below). You	may file your
Voters 65+ Ye My current st		ers with Disabilities:			
	ars of age or older.	☐ I have a physical di	sability.		
	nd Voters with Disa d by law, I request ba	-	am eligible to vote in for this election cyc	le.	
	pheric Administration, s atus is:		f the United States, commissioned corps of th with or accompanying said member, or a Unit Resident		
☐ Military Sta	ateside		Resident (federal offices only)		
☐ I would like			ransmission. (Email address required a am eligible to vote in for this election cyc		
SIGN	ATURE OR MARK*	OF VOTER – REQUIRED	*Signature of person preparing applic	cation if voter is disabled or il	literate – REQUIRED
voter with spouse, s	physical disabilities re-	siding within the county, an appetence, grandchild, son-in-law,	owing circumstances: In the case of a voter plication may be made by mother, father, grand daughter-in-law, mother-in-law, father-in-law,	ndparent, brother, sister,	aunt, uncle,
		affirm) that the above-named vunty and that the facts included	oter is (check one):  residing temporarily or don this application are true.	ut of the county or $\square$ is a	a voter with physic
	SIGNA	TURE AND RELATIONSHIP O	F RELATIVE REQUESTING BALLOT <b>– REC</b>	QUIRED	
			FFICE USE ONLY	ISSUED BY:	
			I HEREBY CERTIFY THAT THE VOTED ABOVE IS:  ELIGIBLE NOT ELIGIBLE	PACKET PREPARED BY: PACKET REVIEWED BY:	
			REASON FOR REJECTION:		
			1st INITIALS / LAST NAME:		

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## Submit your completed form in one of the following ways:

- Email to Absentee@CobbCounty.org
- Fax to (770) 528-2458 or (770) 528-2519
- Mail to Cobb County Elections & Registration Office PO Box 649
   Marietta, GA 30061-0649
- In-Person to Cobb County Elections & Registration Office 736 Whitlock Avenue NW, Suite 400 Marietta, GA 30064

## **Track Your Ballot**

Track the status of your ballot by accessing your My Voter Page. www.mvp.sos.ga.gov

My Voter Page VICTOR VOTER 100 MAIN ST Precinct EL01 MARIETTA, GA, 30060 COBB EMC 9000 BUILDING 1260 COBB PKWY NORTH MARIETTA, GA, 30062-0000 Gender: Male Status: Active Election Day precinct hours are 7:00 am - 7:00 pm. Registration Date: 10/24/2007 Directions to Polling Place Change Voter Information Click Here for Early Voting Locations and Times Click Here for Municipal Polling Place NOTE: Non-specific rural addresses may not be available. If you prefer to vote off-site, mail or fax your absentee Candidates Elected: Officials Flected Statewide District Maps: ballot application to your county register. Congressional District Maps Click Here for an Absentee Ballot Applic U.S. Congress: District 011 Track your ballot here **Click Here for Qualified Candidates** Check your Provisional Ballot Status