

**COBB COUNTY AFFIDAVIT OF CANCELLED/LOST/SPOILED ABSENTEE BALLOT**

In accordance with O.C.G.A. § 21-2-384 (a)(5) and 21-2-388:

I, \_\_\_\_\_, residing at: \_\_\_\_\_  
PRINT First & Last Name PRINT Residential Address

With a date of birth of: \_\_\_\_\_ do hereby certify that I have:  
PRINT Date of Birth

NOT RECEIVED  RECEIVED an Absentee Ballot for the:

\_\_\_\_\_ Election on \_\_\_\_\_ and request it be cancelled.

**REASON (choose (1) one):**

- Lost Ballot
- Party Change (requires a new absentee ballot application)
- Spoiled Ballot
- Other (may require a new absentee ballot application)

I declare under penalty of felony by the laws of the State of Georgia that the foregoing is true and correct. I understand that if I receive the first ballot issued and return it mistakenly, it cannot be counted because it has been cancelled.

**I will vote by one of the following methods:**

- An electronic ballot at an advance voting location, or on Election Day at my poll
- By mail. Please reissue my ballot as originally requested, or per my updated absentee ballot application

\_\_\_\_\_  
Signature of Registered Voter Date Phone Number

**OFFICE USE ONLY**

Absentee Ballot # \_\_\_\_\_ Mail Date: \_\_\_\_\_

Precinct Code: \_\_\_\_\_ Registration # \_\_\_\_\_ Employee Initials: \_\_\_\_\_