



APPLICATION FOR OFFICIAL ABSENTEE BALLOT

PLEASE PRINT (Failure to fill out the form completely could delay your application)

Date of Primary, Election, or Runoff: 06/15/2021

Reg # _____

Voter name	1	First: _____ Middle: _____ Last: _____ Suffix: _____
Permanent address on file with county election office <small>This is the address at which you are registered OR the mailing address you have given your county elections office. Your ballot will be sent here unless you provide a valid address in Section 3.</small>	2	Street: _____ City: _____ Zip: _____ County: _____
Temporary address where you want ballot sent <small>If you wish to receive your absentee ballot at an address other than the one in Section 2, fill it in here. This address must be in a different county than the county listed in Section 2 unless you are physically disabled, detained, or are updating your permanent address.</small>	3	Street: _____ City: _____ Zip: _____ County: _____ <input type="checkbox"/> Check here if your permanent address has changed within your county and you want to update the address in Section 2 with the address you've provided in Section 3.
Date of birth	4	Date of birth: (MM/DD/YYYY) _____
Type of ballot Required in a primary or primary runoff		<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Nonpartisan (will not have ANY party candidates listed)
Contact information	5	To assist your county elections officials in contacting you in a timely manner if your application is incomplete, please provide the following information. Phone number: _____ Email: _____
Signature or mark of voter Required if voter fills out this application	6	Signature or mark of voter: _____ Today's date: (MM/DD/YYYY) _____
Signature of person providing assistance Required only if voter is disabled or illiterate and received assistance completing this application	7	Signature of assistant: _____ Today's date: (MM/DD/YYYY) _____
Signature of person requesting ballot if not voter Required only if Section 7 is left blank	8	Signature of requestor: _____ Relationship to voter: _____ I swear that the facts contained in this application are true and that I am either the 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 and swear (or affirm) that the above-named voter is (check one) <input type="checkbox"/> physically disabled or <input type="checkbox"/> temporarily residing out of the county
Eligibility to receive vote by mail ballots for the rest of the election cycle without another application?	9	<input type="checkbox"/> E - Elderly - I am 65 years of age or older <input type="checkbox"/> D - Disabled - I have a physical disability <input type="checkbox"/> U - UOCAVA Voter - I am a uniformed service member, spouse or dependent of a uniformed service member, or other US citizen residing overseas. My current status is (please mark one) : <input type="checkbox"/> MOS - Military Overseas <input type="checkbox"/> OST - Overseas Temporary Resident <input type="checkbox"/> MST - Military Stateside <input type="checkbox"/> OSP - Overseas Permanent Resident (federal offices only) Email: (required for UOCAVA voters requesting electronic transmission) _____

FOR OFFICE USE ONLY

Dist. Combo: _____ Precinct: _____ Ballot #: _____

Received Date: _____ ISS Date: _____ Certified Date: _____ Rejection Date: _____

ID SHOWN: GADL _____ Other: _____

I certify that the above named voter is eligible is not eligible to receive a vote by mail ballot

Reason for Rejection: _____ Registrar Signature: _____

Ballot to be: Mailed Electronically Transmitted/delivered to voter in hospital by Registrars/Deputy Voted in office (municipal only)

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 Board of Elections & Registration
PO Box 649
Marietta, GA 30061-0649
- In-Person to Cobb County Board of 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

Voter Information VICTOR VOTER 100 MAIN ST MARIETTA, GA, 30060 Race: Gender: Male Status: Active Registration Date: 10/24/2007 Change Voter Information	Polling Place for State, County, and Municipal Elections Precinct EL01 COBB EMC 9000 BUILDING 1260 COBB PKWY NORTH MARIETTA, GA, 30062-0000 Election Day precinct hours are 7:00 am – 7:00 pm. Directions to Polling Place Click Here for Early Voting Locations and Times Click Here for Municipal Polling Place NOTE: Non-specific rural addresses may not be available.
Absentee Ballot Request Information If you prefer to vote off-site, mail or fax your absentee ballot application to your county register. Click Here for an Absentee Ballot Application Click Here for Absentee Ballot Status	Your Elected Officials Candidates Elected: Officials Elected Statewide District Maps: Congressional District Maps U. S. Congress: District 011 Georgia Senate: District 037 Georgia House: District 034 Click Here for Qualified Candidates

Track your ballot here!

[Check your Provisional Ballot Status](#)