



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 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: _____
(Number/Street/City/State/Zip Code (Do not use a P.O. Box #))

Day Phone #: _____ *SSN/Last 4: _____ - _____ - _____ *LA DL/ID: _____

Ward/Precinct, if known: _____

*OPTIONAL information to be used for official use only.

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

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

I am disabled, cannot vote without assistance and have been approved by the registrar of voters for the Disability Program.

I am disabled, cannot vote without assistance and I am submitting a copy of current proof of disability to certify my disability to the registrar of voters and apply for the Disability Program. (Proof of disability may be either a mobility impaired identification card issued by the Office of Motor Vehicles, social security disability benefits, veteran's disability benefits, paratransit services, benefits from the office for citizens with developmental disabilities, benefits from Louisiana Rehabilitation Services, or a physician's letter certifying disability).**

I am homebound, cannot vote without assistance and voting for the first time. (Proof of disability must be a physician's letter certifying that you are homebound).**

**If submitting proof of disability with this application, you must also enclose a copy of either your LA driver's license, LA special ID card, other photo ID that contains your name and signature, or a letter listing the names and addresses of 2 persons residing in your precinct who can make oath, if required, to the effect that you are physically disabled.

CHECK AN OPTION TO RECEIVE YOUR BALLOT:

By electronic delivery. My email address is _____

By mail. My address*** is _____

By fax. My fax number is _____

***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)

Applying for an absentee by mail ballot in the Disability Program entitles you to receive an absentee ballot by mail automatically for all elections hereafter unless your ballot is returned to the registrar as undeliverable or you cancel the request.

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. You may only fax or hand deliver your application and that of your immediate family member. **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. _____