



# Cherokee County Elections and Voter Registration

## VOTE BY MAIL APPLICATION

Return Application one of the following ways:

1. FAX: 770-479-9791 2. SCAN & EMAIL: [JAkins@cherokeega.com](mailto:JAkins@cherokeega.com) 3. MAIL: 400 E. Main Street, Canton, GA 30114

FOR QUESTIONS OR CONCERNS: CALL 770-479-0407 OR VISIT OUR WEBSITE AT <http://voter.cherokeega.com>

<b>1 Registered voter's information</b>		<i>ONLY FILL IN IF BALLOT IS TO BE MAILED TO DIFFERENT ADDRESS</i>		
NAME		CARE OF		
STREET ADDRESS		ADDRESS/PO BOX		
CITY	ZIP	CITY	STATE	ZIP
PHONE	EMAIL	PHONE	EMAIL	

<b>2</b> Date of Birth	GA Driver's License or ID # (optional)
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**3 Election Date:** (Choose only one election ) Ballots may be requested up to 180 days prior to the election. I hereby request a ballot be issued to me for the following election:

March 19, 2019 Special Election

**For Elderly and Disabled Voters ONLY:** You may choose to complete one application and receive a ballot for the General Primary and Runoff, and the General Election and Runoff by checking one of the following boxes:

I am 65 years of age or older & would like to vote by mail for the entire year.

I have a physical disability & would like to vote by mail for the entire year.

**4 Signature Information** If requesting your own ballot, signature or mark of voter is required. The voter must sign or make a mark. If the signature or mark does not match the signature or mark on file, the voter will be asked to update the registration record.

**SIGNATURE OR MARK OF VOTER** \_\_\_\_\_ **Date** \_\_\_\_\_

Sign and date if preparing this application for illiterate or disabled voter \_\_\_\_\_ Date \_\_\_\_\_

If requesting a ballot for another voter, signature and reason required. You may apply on behalf of another person only in the following circumstances: In the case of a voter temporarily residing 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, 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 the facts included in this application are true.

Signature and relationship of relative requesting ballot: \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY				
REG#	PRECINCT#/COMBO	BALLOT STYLE	BALLOT #	<input type="checkbox"/> No Reason <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly
DATE RECEIVED		CERTIFIED & APPROVED		
DATE BALLOT MAILED				