

State of Louisiana Official
Absentee Ballot Application

COVID-19 Emergency Application (La. R.S. 18:401.3)



R. Kyle Ardoin
Louisiana Secretary of State

SECTION 1: VOTER INFORMATION AND ELECTION DATES (PLEASE PRINT OR TYPE)

Name: _____ (please print) DOB: _____ (mm/dd/yyyy) Mother's Maiden Name: _____ (if known)

Residence Address: _____ (number/street/city/state/zip code (do not use a P.O. box #))

Phone #: _____ *SSN/Last 4: _____ *LA DL/ID: _____ Ward/Precinct: _____ (if known)

I am applying for a ballot for the Primary Election on _____ (mm/dd/yyyy) AND/OR the General Election on _____ (mm/dd/yyyy)

*OPTIONAL information to be used for official use only.

SECTION 2: CERTIFICATION AND SIGNATURE

I _____ (name of registered voter) hereby certify that I am a registered voter in the

Parish of _____ (parish of registration), and that I am unable to vote in person because I have been

affected by COVID-19 because I am (please select a reason):

- Sixty years of age or older;
- At higher risk of severe illness from COVID-19 due to serious underlying medical conditions (such as chronic lung disease, moderate to severe asthma, hypertension and other serious heart conditions, diabetes, undergoing chemotherapy, immunodeficiencies, severe obesity, chronic kidney disease and undergoing dialysis, and liver disease)
- Subject to a stay at home, quarantine, or isolation order;
- Advised by a health care provider or governmental authority to self-quarantine due to COVID-19 concerns;
- Experiencing symptoms of COVID-19 and seeking a medical diagnosis;
- Unable to appear in public due to concern of exposure to or transmission of COVID-19;
- Caring for an individual who is subject to a stay at home, quarantine, or isolation order or who has been advised by a health care provider or governmental authority to self-quarantine due to COVID-19 concerns; or
- Caring for a child or grandchild if the child's school or daycare is closed, or the childcare provider is unavailable, due to precautions taken because of COVID-19 concerns.

I understand that if I provide an address within the parish, my absentee ballot can only be sent to the address at which I am registered to vote or my mailing address on file with the registrar of voters. **Please send my absentee ballot and instructions to:**

_____ (number/street/city/state/zip code)

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.

X _____ (signature or mark of registered voter) _____ (date of signature)

If your signature is a mark, a witness to your mark is required to sign:

_____ (witness 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. No person, except the immediate family of any voter, shall send by facsimile or by hand delivery more than one voter's application to vote by mail to the registrar of voters. **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.