

FOR BALLOT ONLY
VIOLATION OF ABSENTEE BY MAIL OR EARLY VOTING LAWS VOIDS BALLOT
AND MAY RESULT IN CRIMINAL PENALTIES
VOTING AT POLLS AFTER VOTING ABSENTEE BY MAIL OR DURING EARLY VOTING
IS PROHIBITED AND MAY RESULT IN CRIMINAL PENALTIES



BALLOT ENVELOPE - MUST BE SEALED

↓ DO NOT DETACH AFFIDAVIT FLAP ↓

AFF-MPE
 (Rev. 1/18)
 Low 20-005

**DO NOT DETACH THIS
 AFFIDAVIT FLAP**

Instructions: Voter must fill in all blanks that apply, sign, and have their signature witnessed by one person.

Section 1: Election Date and Voter Information

Date of Election: _____

I, _____
(Last) (First) (Middle)

do solemnly swear that I am a resident of _____, Louisiana

(Parish of Registration)

(Residential Street Address)

(City or Town) (Ward and Precinct)

My mother's maiden name is _____

Section 2: Certification and Signatures

• I applied for and marked the enclosed ballot(s) myself or they were marked for me according to my instructions and in my presence. *(If registered for assistance and received assistance in voting, person assisting must sign the Assistance Acknowledgment below.)*

• I am entitled to vote at the above listed precinct and hereby authorize the parish board of election supervisors to open this envelope and count my ballot. *(See return address label to complete ward/precinct above.)*

• I CERTIFY that the statements made herein by me are true and correct and I am aware that the penalties for knowingly making a false statement herein are a fine of not more than \$2,000 or imprisonment with or without hard labor, for not more than two years, or both.

VOTER'S SIGNATURE OR MARK:

(Signature)

(Printed Name)

WITNESS SIGNATURE:

(Signature)

(Printed Name)

Section 3: Assistance Acknowledgment

If this voter is entitled to assistance in voting, I have assisted and/or marked the ballot in the manner dictated by the voter.

SIGN AND PRINT NAME:

(Signature)

(Printed Name)

(Relationship to Voter)

OFFICIAL USE ONLY
TYPE OR VOTER/BALLOT
(✓ one box only that applies)

<input type="checkbox"/> 1. By Mail	<input type="checkbox"/> 2. Early Voting Paper Ballot
<input type="checkbox"/> 3. Sequestered Juror	<input type="checkbox"/> 4. Replacement Ballot
<input type="checkbox"/> 5. Nursing Home Program	Registrar to Assign Nursing Home #: _____

Voter Registration #: _____
 (Office use only-completed by Registrar's office)

↑PERF↓

↑FLAP↓



GENERAL APPLICATION FOR ABSENTEE BY MAIL BALLOT

(THIS APPLICATION IS NOT FOR MILITARY, OVERSEAS CITIZENS AND DISABLED VOTERS)

INSTRUCTIONS: TO SUBMIT A PAPER APPLICATION COMPLETE SECTIONS 1, 2, AND 3 AND PRINT. (VOTERS WITH A VALID LA DRIVER'S LICENSE OR 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: _____ Parish: _____
(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: _____

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

To vote absentee by mail, you must be eligible for one of the reasons listed below. Military and overseas citizens or disabled voters use specialized applications and not this on *OPTIONAL information to be used for official use only.

SECTION 2: REQUEST REASON (PLEASE PRINT OR TYPE)

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

- SENIOR CITIZEN - I am 65 years of age or older. I wish to receive an absentee by mail ballot only for the election date on this application.
- I wish to receive an absentee by mail ballot automatically for the election dates on this application AND all elections hereafter. (By selecting this option, you will automatically receive a ballot unless your ballot is returned to the registrar as undeliverable, or you cancel the request)
- TEMPORARILY ABSENT - I am or expect to be temporarily outside the territorial limits of my state/parish of registration during the early voting period and on election day. You must indicate the dates you will be temporarily absent below if the ballot is being mailed within your parish.
 FROM _____ THRU _____
- OFFSHORE - I expect to be out of my precinct of registration and upon the waters of the state during early voting and on election day because of employment or occupation.
- NURSING HOME** - I am a resident of a nursing home (includes veterans' home and extended hospital stay for a physical disability).
- HIGHER EDUCATION - I am a student (you must enclose a copy of student ID or fee bill if voting for 1st time), instructor, or professor located living outside my parish of registration, or a spouse/dependent.
- CLERGY - I am a minister, priest, rabbi, or other member of the clergy assigned outside my parish of registration, or a spouse/dependent.
- MOVED OUT OF PARISH less than 30 days before election - I moved my residence to another parish more than 100 miles from the parish sea my former residence after the voter registration books closed.
- INVOLUNTARY CONFINEMENT - I am involuntarily confined in an institution for mental treatment outside my parish of registration and I am interdicted and not judicially declared incompetent.
- HOSPITALIZED - I expect to be hospitalized on election day and I did not have knowledge until after the time for early voting had expired; or I was hospitalized during the time for early voting and I expect to be hospitalized on election day; or I was either hospitalized or restricted to my bed by physician during early voting and on election day (you must enclose proof of hospitalization);
- INCARCERATED - I am incarcerated in an institution inside/outside my parish of registration and I am not under an order of imprisonment conviction of a felony. (You must enclose a certification by sheriff.)
- ACP - I am a program participant in the Department of State Address Confidentiality Program.
- JUROR - I will be sequestered on the day of the election and during early voting. (You must enclose a certified copy of court order.)

**If you qualify for the nursing home early voting program, the registrar of voters will visit the facility on a predetermined day before election day to allow you to vote early by machine paper ballot for all elections hereafter until you cancel the request or no longer reside at that facility. You will be entitled to assistance from the registrar, deputy registrar, or any other personnel except a nursing home owner, operator, administrator, or employee.

SECTION 3: CERTIFICATION AND SIGNATURE(S)

I understand that my absentee ballot, if sent to an address within the parish or an adjacent parish, can only be sent to the address at which I am registered to vote, my mailing address on file with the registrar of voters, or an address at which I regularly receive mail. 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 1 year, 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. 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.

FOR OFFICIAL USE ONLY:

Reg. # _____

W/P Party Date Rec'd. _____



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 WITH A VALID LA DRIVER'S LICENSE OR I 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: _____ Parish: _____
(number/street/city/state/zip code (do not use a P.O. box #))

Day Phone #: _____ SSN/Last 4¹: _____ LA DL/ID¹: _____ Ward/Precinct, if known: _____

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

- I wish to receive an absentee by mail ballot only for the election dates on this application.
- I wish to receive an absentee by mail ballot automatically for the election dates listed on this application AND all elections hereafter. *(By selecting this option, you will receive a ballot automatically unless your ballot is returned to the registrar as undeliverable or you cancel the request.)*

¹ OPTIONAL information to be used for official use only.

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

I have been previously approved in the Disability Program, or I am disabled or homebound.

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

- I have already been approved by the registrar of voters for the Disability Program.
- I am submitting proof of disability² with this application to the registrar of voters for the Disability Program.
- I am homebound, voting for the first time, and I am submitting proof of disability³ with this application to the registrar of voters for the Disability Program.

² Proof of disability may be a physician's certificate, copy of mobility-impaired ID card with photo, or copy of current documentation showing eligibility for disability benefit from Social Security, Veterans Affairs, paratransit services, the Office of Citizens with Developmental Disabilities, or the LA Rehabilitation Services.

³ Proof of disability for reason of being homebound must be a physician's letter certifying that the voter by reason of their disability is homebound.

CHECK AN OPTION TO RECEIVE YOUR BALLOT:

- By electronic delivery, my email address is _____
- By mail, my address⁴ is _____
- By fax, my fax number is _____

⁴ 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 registrar of voters, or an address where you regularly receive mail.

SECTION 3: CERTIFICATION AND SIGNATURE(S)

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 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. 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.

FOR OFFICIAL USE ONLY:

Reg. # _____

W/P Party Date Rec'd. _____



MILITARY OR OVERSEAS APPLICATION FOR ABSENTEE BY MAIL BALLOT

(FOR MILITARY AND OVERSEAS CITIZENS ONLY)



INSTRUCTIONS: TO SUBMIT A PAPER APPLICATION COMPLETE SECTIONS 1, 2, AND 3 AND PRINT. (VOTERS WITH A VALID LA DRIVER'S LICENSE OR I 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: _____

LA Registration Address: _____ Parish: _____
(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)

Military and Overseas Citizens are entitled to vote absentee in all elections for at least one (1) year from the date of this application, including one (1) federal general election cycle.

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

- MILITARY** – I am a member of the United States Service** or a spouse or dependent.
- OVERSEAS CITIZEN** – I am a citizen of the United States residing outside the U.S. who was domiciled in Louisiana immediately prior to my departure. I am at least 18 years old; I am not disenfranchised; and I do not maintain a domicile, nor am I registered to vote or voting in any other state.

** United States Service means a member of the armed forces while in active service, a member of the merchant marine of the United States, a civil service employee of the United States, in any category, while serving outside the territorial limits of the several states of the United States and the District of Columbia, or a member of a religious group or welfare agency assisting members of the armed forces who is officially attached to and serving with the armed forces. La. R.S. 18:1302.

CHECK AN OPTION TO RECEIVE YOUR BALLOT:

By electronic delivery, my email address is _____

By mail, my mailing address*** is _____

By fax, my fax number is _____

***If this address is within the parish or 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 registrar of voters, or an address where you regularly receive mail.

SECTION 3: CERTIFICATION AND SIGNATURE(S)

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 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. No person, except the immediate family of any voter, shall send by hand delivery more than voter's application to vote by mail to the registrar of voters. If hand delivered, please complete the following:

Submitted by: _____ Relationship to Applicant: _____

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FOR OFFICIAL USE ONLY:

Reg. # _____ W/P Party Date Rec'd. _____

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 _____ AND/OR the General Election on _____
(mm/dd/yyyy) (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 one reason):

- At higher risk of severe illness from COVID-19 due to serious underlying medical conditions as identified by the Centers for Disease Control and Prevention (including chronic lung disease, moderate to severe asthma, hypertension or other serious heart conditions, diabetes, undergoing chemotherapy, severe obesity (BMI of 40 or higher), chronic kidney disease and undergoing dialysis, liver disease, pregnancy, or immunocompromised due to cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications);
- Subject to a medically necessary quarantine or isolation order as a result of COVID-19;
- Advised by a health care provider to self-quarantine due to COVID-19 concerns;
- Experiencing symptoms of COVID-19 and seeking a medical diagnosis; or
- Caring for an individual, name of _____ (please print the name of the individual), who is subject to a medically necessary quarantine or isolation order as a result of COVID-19 or who has been advised by a health care provider to self-quarantine due to 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)

Providing a false statement to an election official is a felony offense. I acknowledge that if I have provided false information herein, I may be subject to a fine of not more than \$2,000 or imprisonment, with or without hard labor, 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: _____

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CONFIDENTIAL DOCUMENT NOT A PUBLIC RECORD

[REGISTRAR'S LETTERHEAD]

[VOTER'S NAME AND ADDRESS]

RE: Deficiency on Your Absentee Ballot Envelope Flap

Dear _____:

My office has received your absentee ballot for the November 3, 2020 election. However, your ballot envelope flap has one or more of the following deficiencies:

- _____ Missing your signature
- _____ Missing a witness signature
- _____ Ballot flap affidavit is incomplete

You may cure the deficiency by appearing in person at my office no later than 4:30 p.m. on November 2, 2020 to provide the missing signature(s) or information.

Failure to do so may result in the rejection of your ballot.

My office is located at [ROV PHYSICAL ADDRESS HERE].

If you have any questions, please call me at _____ or email me at _____.

INSTRUCTION TO VOTERS:

Read the following before marking your ballot:

1. Use a blue or black ink pen or a black lead pencil to mark your ballot.
2. Completely fill in the oval to the right of each of your selections. Any other type of marking may void your ballot.

CORRECTLY MARKED BALLOT:

John Doe ●

INCORRECTLY MARKED BALLOT:

⊗ ⊘ ⊖

3. DO NOT vote for more than the number to be elected for each office.
4. To change or correct your vote, erase and make a new mark if using lead pencil or request a replacement ballot from your registrar of voters.

ABSENTEE BALLOT

March 20, 2021

Bossier Parish

SAMPLE

08-001A

Official Ballot

Prepared and Certified by

R. Kyle Ardoin

**R. Kyle Ardoin
Secretary of State**

STATE OF LOUISIANA

SPECIAL ELECTION Member, State Board of Elementary and Secondary Education District 4 (Vote for ONE)	Councilmen at Large City of Bossier City (Vote for TWO)
Shelly McFarland <input type="radio"/> 32 Republican	Lee A. "Gunny" Jeter, Sr. <input type="radio"/> 42 Democrat
Michael Melerine <input type="radio"/> 33 Republican	Timothy "Tim" Larkin <input type="radio"/> 43 Republican
John Milkovich <input type="radio"/> 34 Independent	David Montgomery, Jr. <input type="radio"/> 44 Republican
Cody Whitaker <input type="radio"/> 36 No Party	"Chris" Smith <input type="radio"/> 45 Republican
"Cassie" Williams <input type="radio"/> 37 Democrat	END OF BALLOT
Mayor City of Bossier City (Vote for ONE)	
"Tommy" Chandler <input type="radio"/> 40 Republican	
Lorenz "Lo" Walker <input type="radio"/> 41 Republican	