

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 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, serious heart conditions, diabetes, 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: \_\_\_\_\_

Visit our website at [www.GeauxVote.com](http://www.GeauxVote.com) for deadlines and contact information or call toll free 1.800.883.2805.