

MAIL-IN BALLOT REQUEST LETTER

REGISTRAR OF VOTERS:

I am requesting your assistance in forwarding an absentee ballot by mail to me at the address listed below for all elections. In is my understanding that this ballot request is indefinite, unless a ballot is returned to the Registrar of Voter's Office by the U.S. Postal Service as undeliverable to my address.

VOTER'S NAME: _____

CURRENT RESIDENCE ADDRESS (NO P.O. BOX):

MAILING ADDRESS OR ADDRESS WHERE I WANT TO RECEIVE MY ABSENTEE BALLOT INDEFINITELY, IF DIFFERENT FROM ABOVE:

DATE OF BIRTH: _____ **MOTHER'S MAIDEN NAME:** _____

JUSTIFICATION:

_____ **65 AND OVER**

DISABILITY (COPY OF SUPPORTING DOCUMENT):

_____ **Valid mobility impaired identification card**

_____ **Letter or card showing eligibility for social security benefits; veteran's benefits; paratransit services; benefits from Office of Citizens with Developmental Disabilities or from Louisiana Rehabilitation services; or**

_____ **Current proof of disability from a physician or a physician's note already on file with Registrar of Voters' Office.**

VOTER'S SIGNATURE OR MARK*: _____

DATE: _____

***If signed by mark, two witnesses required unless voter is disabled and then only one witness required:**

Witness

Witness

Mail or FAX To:
(985) 783-5121 FAX

Registrar of Voters
Parish of St Charles
PO Box 315
Hahnville LA 70057-0315