

GEORGIA

MAIL-IN VOTER REGISTRATION APPLICATION

Shaded Areas Not Required

You can use this form to: • register to vote • report that your name or address has changed • register with a party Please print in blue or black ink				This space is for official use only.			
1	Mr. Mrs. Miss. Ms.	Last Name	First Name		Middle Name(s)	(Circle one) Jr Sr II III IV	
2	Address (see instructions) — Street (or route and box number)		Apt., or Lot #	City/Town	State	Zip Code	
3	Address Where You Get Your Mail If Different From Above (see instructions)			City/Town	State	Zip Code	
4	Date of Birth	5	Telephone Number (optional)		6 ID Number (see item 6 in the instructions for your State)		
		Month	Day	Year			
7	Choice of Party (see Item 7 in the instructions for your State)					8	Race or Ethnic Group (see item 8 in the instructions for your State)
9	I swear/affirm that: • I am a United States citizen • I meet the eligibility requirements of my state and subscribe to any oath required. (See item 9 in the instructions for your state before you sign.) • The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under Federal or State laws.				Please sign full name (or put mark) ↓ X _____ Date: _____ Month Day Year		
10	If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).						

Please fill out the sections below if they apply to you.

Fold here

If this application is for a **change of name**, what was your name before you changed it?

A	Mr. Mrs. Miss. Ms.	Last Name	First Name		Middle Name(s)	(Circle one) Jr Sr II III IV
---	-----------------------------	-----------	------------	--	----------------	---------------------------------

If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)		Apt., or Lot #	City/Town	State	Zip Code
---	----------------------------------	--	----------------	-----------	-------	----------

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	<ul style="list-style-type: none"> Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark. 		NORTH ↑
	Example	Route #2	
	Public School*	X	

DD Form 2644, NOV 94

Complete all Items 1 through 10 that are **not** shaded. **Sign and date** the form.

Item 2: If this is the first time you are registering from this address, print the address where you were registered before in Item B. Do not use a post office box or rural route without a box number.

Item 3: Complete this item only if your mail address is different from Item 2.

Item 6: Print your Social Security Number. Your Social Security Number is required and will remain confidential. The number will be used to identify and verify the identity of voters.

Item 8: Provide the choice that best describes your race or ethnic group: White, black, Asian/Pacific Islander, Hispanic/Latino, Other. Your application will not be rejected if you fail to fill in this box.

Item 9: State Requirements:

I SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT:

- I am a citizen of the United States and a resident of Georgia
- I reside at the address listed above
- I am 18 years of age or older or will be 18 within six months of the date of this application
- I am eligible to vote in Georgia
- I am not serving a sentence for having been convicted of a felony involving moral turpitude
- I have not been judicially declared to be mentally incompetent.

In addition, if this form is used for:

A. NAME CHANGE: Complete Item A.

B. ADDRESS CHANGE: Complete Item B.

C. VOTING RESIDENCE PHYSICAL DESCRIPTION:

Complete Item C if it is needed to clarify the physical location of voting residence (legal).

A. WHAT TO DO

- (1) Provide the *Mail-In Voter Registration Application*, DD 2644 and *Voter Registration Information*, DD 2645, to prospective enlistee.
- (2) Assist eligible citizens in completing the *Mail-In Voter Registration Application*, DD 2644, unless the eligible citizen refuses assistance.
- (3) Send the completed *Mail-In Voter Registration Application*, DD 2644, to the address in the “Where To Send It” listed below.

B. WHEN TO SEND IT

A completed *Mail-In Voter Registration Application*, DD 2644, must be sent no later than 5 days after the day of acceptance. Refer to Appendix E for state registration deadlines.

C. WHERE TO SEND IT

Mail To:

Office of the Secretary of State
1104 West Tower
2 Martin Luther King Jr. Drive, SE
Atlanta, GA 30334-1505

D. RECORDS REQUIRED

Recruiters must collect and maintain the following information in accordance with procedures established by respective recruiting commands.

Total number of “persons” that include the following:

- (a) Total persons assisted for recruiting services.
- (b) Total persons assisted for Voter Registration Applications.
- (c) Total *Mail-In Voter Registration Application* forms, DD 2644, completed.
- (d) Total *Voter Registration Information* forms, DD 2645, completed. This form must be retained for 24 months.

E. QUESTIONS AND ASSISTANCE

In the event assistance from the next higher command is not available, the Federal Voting Assistance Program can be reached at 800 438-VOTE (8683) or e-mail at nvra@fvap.ncr.gov.