

**AFFIDAVIT TO CURE ABSENTEE (VOTE BY MAIL) BALLOT**

I, the undersigned, do swear and affirm under penalty of perjury that I am registered and qualified to vote in \_\_\_\_\_ County, Georgia in the November 3, 2020 election; and that I previously requested, completed, and returned an absentee by mail ballot. I am submitting this affidavit, along with further proof of my identification, to my county board of elections in accordance with O.C.G.A. § 21-2-386 so that my absentee by mail ballot will be counted.

\_\_\_\_\_  
VOTER'S NAME (PRINT CLEARLY)

\_\_\_\_\_  
VOTER'S DATE OF BIRTH

\_\_\_\_\_  
VOTER'S REGISTRATION ADDRESS

\_\_\_\_\_  
VOTER'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED