



Affidavit for Identification Card for Voting Purposes

FOR DEPARTMENTAL USE ONLY

ID #: _____ SSN: _____

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Sex: _____

I hereby swear or affirm that I am eligible for a free identification card for voting purposes pursuant to O.C.G.A. §40-5-103(d). I am eligible for this card because:

1. I desire an identification card in order to vote in a primary or election in Georgia;
2. I do not have any other form of identification that is acceptable under O.C.G.A. § 21-2-417 for identification at the polls in order to vote;
3. I am registered to vote in Georgia, or I am applying to register to vote as part of my application for an identification card; and
4. I do not have a valid driver's license issued by the State of Georgia due to one of the following circumstances (please check all that are applicable):
 - I have never obtained a Georgia driver's license;
 - My driver's license has been seized by a court or law enforcement officer;
 - My driver's license has been suspended, revoked, cancelled, disqualified or otherwise withdrawn, and I have surrendered it to the Department of Driver Services, a court or law enforcement officer;
 - I no longer wish to drive, and I have voluntarily surrendered my driver's license to the Department of Driver Services.
 - I have lost my Georgia driver's license, and I prefer to obtain a free identification card for voting purposes in lieu of replacement of my driver's license for a fee. I am aware that I will not be eligible to operate a motor vehicle in the State of Georgia as a result of this decision.

Date

Signature

Notary:

Sworn to and subscribed before me this
_____ day of _____ 20_____.

Notary Public

Seal