APPLICATION FOR VOTE BY MAIL BALLOT

Please type or print clearly in ink. All information required unless marked optional.

I hereby apply for a Mail-In Ballot for:

(CHECK ONLY ONE)

☐ ALL FUTURE ELECTIONS, until I request otherwise in writing.

Or for ONLY ONE of the following: ☐ General (November)
☐ Primary (June) ☐ Municipal ☐ School ☐ Fire
☐ Special _______________ To be held on / / (mm/dd/yyyy)

PLEASE NOTE: Your ballot can only be sent to the mailing address supplied on this application.
If your mailing address changes, you must notify the County Clerk in writing.

Mail my ballot to the following address:

☐ Same Address as Section 3

☐ Please include any PO Box, RD#, State/Province, Zip/Postal Code & Country (if outside US)

Address at which you are registered to vote:

Street Address or RD# Apt.
Municipality (City/Town) State Zip

Date of Birth (MM / DD / YYYY) Day Time Phone Number

Signature Please sign your name as it appears in the Poll Book.

Today's Date (MM / DD / YYYY)

Assistor: Any person providing assistance to the voter in completing this application must complete this section.

Name of Assistor (Type or Print) Signature of Assistor Date (MM / DD / YYYY)

Address Apt. Municipality (City/Town) State Zip

Authorized Messenger:

Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of this County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as messenger for more than THREE qualified voters per election.

I designate ____________________________ to be my Authorized Messenger.

Signature of Voter

STOP

“I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law.”

Signature of Messenger

OFFICE USE ONLY

Voter Reg # ____________________________
Muni Code #_______ Party _______________
Ward ___________ District ________________

NJ Division of Elections - 08/18
APPLICATION FOR VOTE BY MAIL BALLOT

Name ____________________________
Street Address ______________________
City, State, Zip Code __________________

WARNING
This application must be received by the County Clerk not later than 7 days prior to the election, unless you apply in person or via an authorized messenger during County Clerk's office hours, but no later than 3 P.M. the day prior to the election.

VOTING INFORMATION
1. You must be a registered voter in order to apply for a Mail-In Ballot.
2. Once you apply for a Mail-In Ballot, you will not be permitted to vote by machine at your polling place in the same election.
3. You will receive instructions with your ballot.
4. If returning your Mail-In Ballot in person, it must be received by the County Board of Elections before closing of polls on Election Day.
5. If returning your Mail-In Ballot by mail, it must be postmarked no later than Election Day and received by the County Board of Elections no later than 48 hours after the time of the closing of the polls for the election.
6. Do not submit more than one application for the same election.
7. You must apply for a Mail-In Ballot for each election, unless you designate otherwise under Section 1.

INSTRUCTIONS
• Fill out application.
• Print and sign your name where indicated.

Please Seal with Tape and Return

Celeste M. Riley
Cumberland County Clerk
PO Box 100
Bridgeton, NJ 08302