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 ______/____/____

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

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.

Mail-In Ballot (*)

MILITARY/OVERSEAS VOTER ONLY

I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (CHECK ONLY ONE)

□ A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.
□ A U.S. Citizen residing outside the U.S. and I intend to return.
□ A U.S. Citizen residing outside the U.S. and I do not intend to return.
□ A U.S. Citizen residing outside the U.S. and I have never lived in the U.S.

Address of Messenger Apt. Municipality (City/Town) State Zip

Date of Birth (MM/DD/YYYY) Date (MM/DD/YYYY)

Signature of Voter X

Signature of Messenger X

Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee.

“___ 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 Date (MM/DD/YYYY)

OFFICE USE ONLY

Voter Reg # __________________________
Muni Code #_______ Party ________________
Ward _________ District ________________
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. However, you may also apply in person to the County Clerk during County Clerk’s office hours, but no later than 3 P.M. the day prior to the election.

Name ____________________________________________
Street Address ______________________________________
City, State, Zip Code __________________________________

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 close 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. You must apply for a Mail-In Ballot for each election, unless you designate otherwise under Section 1.

WARNING
This application must be received by the County Clerk not later than 7 days prior to the election. However, you may also apply in person to the County Clerk during County Clerk’s office hours, but no later than 3 P.M. the day prior to the election.

PLEASE NOTE
A voter may apply for a Mail-In Ballot up to 7 days prior to the election. He or she may also apply in person to the County Clerk until 3 P.M. the day before the election.

INSTRUCTIONS
· Fill out application.
· Print and sign your name where indicated.
· Mail or Deliver application to the County Clerk.

Hand deliver to:
Office of the County Clerk, Election Division, Salem County Clerk
110 Fifth Street, Suite 200
Salem, NJ 08079

DO NOT FAX OR E-MAIL
Unless you are a Military or Overseas Voter

APPLICATION FOR VOTE BY MAIL BALLOT

Salem County Clerk
Fifth Street Complex
110 Fifth Street, Suite 200
Salem, NJ 08079