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)				MILITARY/OVERSEAS VOTER ONLY							
					I request Vote-By-Mail Ballots for all elections in which I am							
	☐ ALL FUTURE ELECTIONS, until I request otherwise in writing. Or for ONLY ONE of the following: ☐ General (November) ☐ Primary (June) ☐ Municipal ☐ School ☐ Fire				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.							
1												
	☐ Special To be held on				 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. 							
	(Specify) (MM / DD / YYYY)			11)	· ·							
	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.											
2	Last Name (Type or Print)	First Name (Type or Print)		r Print)	Middle Name			or Initial		Suffix (Jr., Sr., III)		
									_			
	Address at which you are registered to vo					_	y ballot to the following address:					
3	Street Address or RD#		Apt.			LI Saille A	Address as Section 3					
					Please if							
	Municipality (City/Town)	State	ate Zip			State/Proving Zip/Postal C	e/Province,					
						& Country (if outside U						
5	Date of Birth (MM / DD / YYYYY) 6 Day Time Phone Number 7 E-Mail Address (Optional)											
	Signature Please sign your name as it appears in the Poll Book. Today's Date (MM/DD/YYYY)									Date (MM / DD / YYYY)		
8	Y								9			
	^											
	OPTIONAL - O	NLY C	OMPLE	TE S	ECT	IONS 10	OR 1	1 IF AP	PLICA	BL	E	
	Assistor: Any person providing assistance to the voter in completing this application must complete this section.											
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40	Name of Assistor (Type or Print)	mig acon	stance to			completin Assistor	ig tino a _l				Date (MM / DD / YYYY)	
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10	Name of Assistor (Type or Print) Address		stance to	Signa	ture of	Assistor		own)	Sta		Date (MM / DD / YYYY)	
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INSTRUCTIONS

- Fill out application.
- rint and sign Work page W
- Print and sign your name where indicated
- Mail or Deliver application to the County Clerk

DO NOT FAX OR E-MAIL

Unless you are a Military or Overseas Voter

OTING INFORMATION

- You must be a registered voter in order to apply for a Mail-In Ballot.
- . 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.
 You will receive instructions with your hallot
- 3. You will receive instructions with your ballot.
- 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. 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.
- 5. Do not submit more than one application for the same election
- 6. You must apply for a Mail-In Ballot for each election, unless you designate otherwise under Section 1.

PLEASE NOTE

A voter may apply for a Mail-In Ballot by mail 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.

Voters now have an option of automatically receiving a Mail-In Ballot for all future elections. If such voter no longer wants this option, the County Clerk's office must be notified in writing.

AKNING

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.

Name

Street Address

City, State, Zip Code



PLACE
POSTAGE
HERE
BEFORE
MAILING

APPLICATION FOR VOTE BY MAIL BALLOT

Paula Sollami Covello Mercer County Clerk 209 South Broad Street PO Box 8068 Trenton, NJ 08650-8068

