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			
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	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)	
10		mrg acon	stance to				ig uno a _l					
10		g door	stance to	Signa		Assistor	ality (City/To	own)	Sta			
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.
- 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

- 1. 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
- 3. You will receive instructions with your ballot
- If returning your Mail-In Ballot in person it must be received after the time of the closing of the polls for the election be postmarked no later than Election Day and received by Election Day. If returning your Mail-In Ballot by mail, it must by the County Board of Elections before close of polls or the County Board of Elections no later than 48 hours
- 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

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

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



PLACE Postage HERE **B**EFORE MAILING

APPLICATION FOR VOTE BY MAIL

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



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

Name

Street Address

City, State, Zip Code