

Maryland Application for a Mail-In Ballot

2020 Presidential General Election

Register to Vote

1

You must be registered to vote a mail-in ballot. If you are not registered to vote in Maryland and want to register, go to elections.maryland.gov/voter_registration/index.html for more information, or contact your local election office (go to elections.maryland.gov/about/county_boards.html).

Print your name.

Use black or blue ink.

2

First name _____ Middle name or initial _____
Last name _____ Jr Sr II III IV

About you

3

Email Address _____
Birthdate | M | M | / | D | D | / | Y | Y | Y | Y | Phone | | | | - | | | - | | | |

Your current address

Print your current residential address.

DO NOT write a temporary address used for school, work, or travel. If you want to get your ballot by U.S. Mail, you can put that address in Section 5.

4

Address _____ Apt. number _____
City/Town _____ State _____ Zip Code | | | | |
When did you move here? | M | M | / | D | D | / | Y | Y | Y | Y | If you do not remember the exact date, give the month and year.

How do you want to receive your ballot?

If you choose internet delivery, we will send you an email with a link to your ballot about three weeks before the election. You must print your ballot and return it to your local election office. If you do not see an email from the State Board of Elections, check your spam folder.

Note: A fax or internet ballot you have printed yourself cannot be read by our scanners. Election workers will use the information on your ballot to mark an official ballot for you. The official ballot will be machine counted with other ballots.

If you do not have a Maryland Driver's License or ID card, provide the last 4 digits of your social security number.

Choose one:

☐ U.S. MAIL (PREFERRED)

I want my ballot for the **PRESIDENTIAL GENERAL ELECTION** mailed to:

☐ Same as above ☐ The address below

Address _____ Apt. number _____
City/Town _____ State _____ Zip Code _____

5

☐ INTERNET DELIVERY - We will email you an internet link to open your ballot and print it yourself.

Email address _____

Maryland Driver's License or ID Card Number | - | | | - | | | - | | | - | | |

Issue Date | M | M | / | D | D | / | Y | Y | Y | Y |

Last 4 digits of Social Security number XXX-XX- | | | |

☐ FAX

fax number | | | | - | | | - | | | |

Signature

(required)

Anyone can help you fill out this form except

- A candidate on your ballot
- Your employer or an agent of your employer
- An officer or agent from your union

6

Voter's Signature (required)

X

Today's Date | M | M | / | D | D | / | Y | Y | Y | Y |

Assistance Signature (required if you had help)

Under penalty of perjury, I hereby certify that this voter needed help with this form because he or she has a disability or is unable to read or write. The voter authorized me to complete this form. If the voter could not sign this form, I printed the voter's name and wrote my initials.

sign:

print: