

## APPLICATION FOR ABSENTEE BALLOT

You are receiving this application for an absentee ballot because, due to COVID-19, the Secretary of the State has sent an application to every eligible voter in the state. Pursuant to Executive Order 7QQ, COVID-19 may be used as a valid reason for requesting a ballot.

### Section I. – Applicant's Information

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Number, Street, Town)

Telephone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(Use only if the mailing address is different from the address above.)

Date of Primary AUGUST 11, 2020 Republican \_\_\_\_ Democratic \_\_\_\_

### Section II. – Statement of Applicant

I, the undersigned applicant, believe that I am eligible to vote at the primary indicated above. Pursuant to Executive Order No. 7QQ, I expect to be unable to appear at the polling place during the hours of voting and hereby apply for an absentee ballot: *(check only one)*

☐ COVID-19 ► All voters are able to check this box, pursuant to Executive Order 7QQ ◀

☐ My active service in the Armed Forces of the United States

☐ My absence from the town during all of the hours of voting

☐ My illness

☐ My religious tenets forbid secular activity on the day of the election, primary or referendum

☐ My duties as a primary, election or referendum official at a polling place other than my own during all of the hours of voting

☐ My physical disability

### Section III. – Applicant's Declaration

I declare, under the penalties of false statement in absentee balloting, that the above statements are true and correct, and that I am the applicant named above. *(Sign your legal name in full. If you are unable to write, you may authorize some one to write your name and the date in the spaces provided, followed by the word "by" and the signature of the authorized person. Such person must also complete section IV below.)*

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Section IV. – Declaration of person providing assistance *(Completed by any person who assists with completion of application)*

I sign this application under penalties of false statement in absentee balloting.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Residence Address: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

Connecticut law allows you to receive an absentee ballot if you cannot appear at your assigned polling place on primary day because of active service in the Military, absence from the town during all of the hours of voting, illness, religious tenets forbid secular activity on the day of the primary, duties as a primary official at a polling place other than your own during all of the hours of voting, or physical disability. The State of Connecticut, via Executive Order 7QQ, as interpreted by the Secretary of the State pursuant to CGS §9-3, has determined (1) that having a pre-existing illness allows you to vote by absentee ballot because your pre-existing illness would prevent you from appearing at your designed polling place or (2) that absent a widely available vaccine, the existence of the COVID-19 virus allows you to vote by absentee ballot if you so choose for your own safety. To receive your absentee ballot please complete and sign this application (be sure to check "Illness" for reason (1) or "COVID-19" for reason (2) above) and return it to your Town Clerk using the enclosed postage prepaid envelope. Your absentee ballot will be mailed to you. If you do not receive your absentee ballot within one week contact your local Town Clerk's office.

For Municipal Clerk's Use

Outer Envelope Serial No.

Date Forms Issued

Check



Mailed to  
Applicant

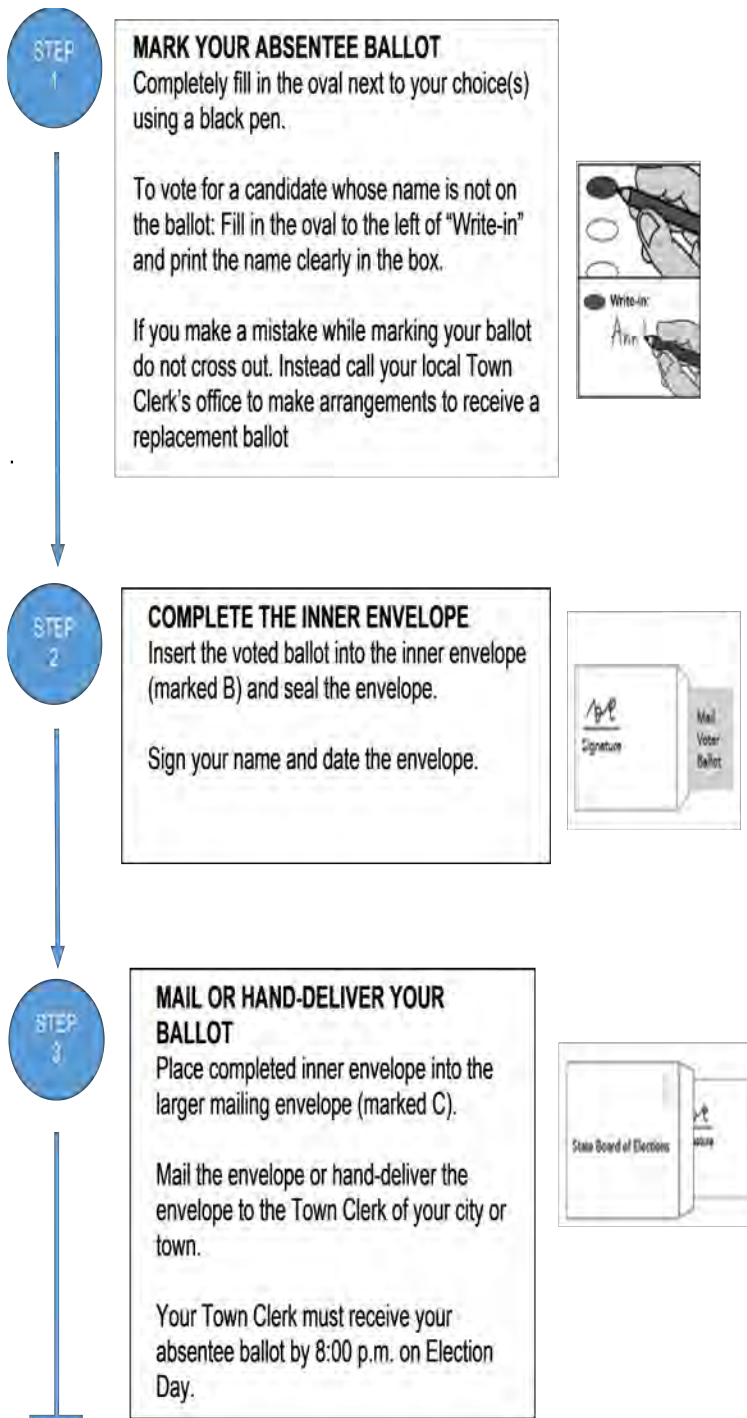


Given to  
Applicant  
Personally



Pol. Subdivision

Voting District No.



**NOTE: WHEN SEALING ENVELOPES PLEASE DO NOT LICK ENVELOPE TO SEAL. USE AN ALTERNATIVE METHOD SUCH AS A SPONGE OR WET CLOTH TO MOISTEN THE CLOSE TAB.**

- Any elector who has returned an absentee ballot and who finds he is able to vote in person shall proceed before ten o'clock a.m. on election, primary or referendum day to the municipal clerk's office and request that his ballot be withdrawn. The municipal clerk shall mark the ballot "rejected". The municipal clerk shall give the elector a signed statement directed to the moderator of the voting district in which the elector resides stating that the elector has withdrawn his absentee ballot and may vote in person.
- No absentee ballot shall be rejected as a marked ballot unless, in the opinion of the moderator, it was marked for the purpose of providing a means of identifying the voter who cast it.
- Any (1) person who executes an absentee ballot for the purpose of informing any other person how he votes, or procures any absentee ballot to be prepared for such purpose, (2) municipal clerk or moderator, elector appointed to count any absentee ballot or other person who wilfully attempts to ascertain how any elector marked his absentee ballot or how it was cast, (3) person who unlawfully opens or fills out, except as provided in section 9-140a with respect to a person unable to write, any elector's absentee ballot signed in blank, (4) person designated under section 9-140a who executes an absentee ballot contrary to the elector's wishes, or (5) person who wilfully violates any provision of chapter 145, shall be guilty of a class D felony.
- A person is guilty of false statement in absentee balloting when he intentionally makes a false written statement in or on or signs the name of another person to the application for an absentee ballot or the inner envelope accompanying any such ballot, which he does not believe to be true and which statement or signature is intended to mislead a public servant in the performance of his official function.