## 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 Military or Overseas Voter

# **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 place in the same election. be permitted to vote by machine at your polling
- 3. You will receive instructions with your ballot.
- 4. If returning your Mail-In Ballot in person it must after the time of the closing of the polls for the no later than Election Day and received by the your Mail-In Ballot by mail, it must be postmarked before close of polls on Election Day. If returning be received by the County Board of Elections County Board of Elections no later than 48 hours
- 6. You must apply for a Mail-In Ballot for each 5. Do not submit more than one application for the election, unless you designate otherwise under same election.

#### **FOLD HERE**

Name

but no later than 3 P.M. the day prior to the messenger during County Clerk's office hours, Clerk not later than 7 days prior to the election,

This application must be received by the County

WARNING

unless you apply in person or via an authorized

Street Address

City, State, Zip Code

Clerk's office must be notified in writing

such voter no longer wants this option, the County

receiving a Mail-In Ballot for all future elections. If

Voters now have an option of automatically

in person to the County Clerk until 3 P.M. the day 7 days prior to the election. He or she may also apply

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

before the election.

PLEASE NOTE

Section 1.



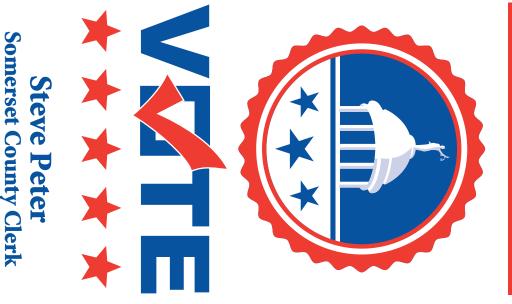
FIRST-CLASS MAIL POSTAGE MUST BE **APPLIED** 

#### APPLICATION FOR MAIL-IN BALLOT

#### **Steve Peter** SOMERSET COUNTY CLERK

20 Grove Street P.O. Box 3000 Somerville, New Jersey 08876-1262

**FOLD HERE** 



Please Seal with Tape & Return

**New Jersey** 

#### **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:		MILITARY/OVERSEAS VOTER ONLY			
4	(CHECK ONLY ONE)		I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (CHECK ONLY ONE)			
	☐ ALL FUTURE ELECTIONS, until I request otherwise in writing.  Or for ONLY ONE of the following: ☐ General (November)		☐ A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.			
	☐ SpecialTo be held on/_/		<ul><li>A U.S. Citizen residing outside the U.S. and I do not intend to return.</li><li>A U.S. Citizen residing outside the U.S. and I have never lived in the U.S.</li></ul>			
	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 Nam	e (Type or Print)		Middle Name or Ir	nitial Suffix (Jr., Sr., III)	
	Address at which you are registered to vote:		Mail my	ballot to the followi	ng address:	
	Street Address or RD# Apt.		☐ Same Address as Section 3  Please include			
3						
			any PO Box, State/Provir			
	Municipality (City/Town) State Zip		Zip/Postal C & Countr			
			(if outside U	JS)		
	Date of Birth (MM / DD / YYYY) Day Time Phone N	lumber	- <b>7</b> E	Mail Address (Optional)		
5	5 Date of Birth (minimum) 57 1111 6 Day filling Filling Number 7					
	Signature Please sign your name as it appears in the Poll Book. Today's Date (MM/DD/YYYY)					
8	<b>X</b> 9 , , ,					
	OPTIONAL - ONLY COMPLETE SECTIONS 10 OR 11 IF APPLICABLE					
			oter in completing this application must complete this section.			
10	Name of Assistor (Type or Print)	Signature of Assistor  Date (MM / DD / YYYYY)		Date (MM / DD / YYYYY)		
10		X		W (0) T		
	Address	Apt	. Municip	ality (City/Town)	State Zip	
	Authorized Messenger:					
	Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of this					
	County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as messenger for more than THREE qualified voters per election.					
	I designate to be my Authorized Messenger.					
	Print Name of Authorized Messenge  Address of Messenger   Apt.   Mun		ty (City/Town)		Date of Birth (MM/DD/YYYY)	
	J. T.		-,		1 1	
11						
	Signature of Voter X					
	Authorized Messenger must sign application a					
	in the presence of the County Clerk or County	Clerk des	Voter Reg #			
	"I do hereby certify that I will deliver the Mail-In Ballot di the voter and no other person, under penalty of lav Signature of Messenger Date (A			voter neg #		
			Muni Code # Party			