

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)

ALL FUTURE ELECTIONS, until I request otherwise in writing.

1

Or for ONLY ONE of the following: General (November)

Primary (June) Municipal School Fire

Special _____ To be held on _____ / _____ / _____
(Specify) (MM / DD / YYYY)

MILITARY/OVERSEAS VOTER ONLY

I request Vote-By-Mail Ballots for all elections in which I am 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.

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.

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)	Middle Name or Initial	Suffix (Jr., Sr., III)
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Address at which you are registered to vote:

Street Address or RD#

Apt.

4

Mail my ballot to the following address:

Same Address as Section 3

Please include
any PO Box, RD#,
State/Province,
Zip/Postal Code
& Country
(if outside US)

5 Date of Birth (MM / DD / YYYY)

/

6 Day Time Phone Number
()

7

E-Mail Address (Optional)

8 Signature

Please sign your name as it appears in the Poll Book.

X

9 Today's Date (MM / DD / YYYY)

/ /

OPTIONAL - ONLY COMPLETE SECTIONS 10 OR 11 IF APPLICABLE

Assistor: Any person providing assistance to the voter in completing this application must complete this section.

10	Name of Assistor (Type or Print)	Signature of Assistor	Date (MM / DD / YYYY)		
		X	/ /		
	Address	Apt.	Municipality (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.

11	I designate _____	to be my Authorized Messenger.				
	Address of Messenger	Print Name of Authorized Messenger	Date of Birth (MM / DD / YYYY)			
		Apt.	Municipality (City/Town)	State	Zip	/ /

Signature of Voter X

/ / Date (MM / DD / YYYY)



Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee.

"I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law."

Signature of Messenger

Date (MM / DD / YYYY)

X

OFFICE USE ONLY

Voter Reg # _____

Muni Code # _____ Party _____

Ward _____ District _____

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

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 be permitted to vote by machine at your polling place in the same election.
3. You will receive instructions with your ballot.
4. 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.



PLACE
POSTAGE
HERE
BEFORE
MAILING

APPLICATION FOR VOTE BY MAIL BALLOT

Ann F. Grossi
Morris County Clerk
P.O. Box 315
Morristown, NJ 07963-0315

**APPLICATION
FOR
VOTE BY
MAIL BALLOT****WARNING**

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 _____

Please Seal with Tape and Return