CIVILIAN ABSENTEE BALLOT APPLICATION

Print or type name: ______________________ Date of birth: ________

Street address or RD#: ______________________

Municipality: ______________________ Zip code: ________________

Phone: ______________________

I hereby apply for an absentee ballot for the (check one):

☐ Primary  ☐ General  ☐ Municipal  ☐ School  ☐ Special

☐ Other: ______________________ to be held on: ______________________

(specify) (date)

ABSENTEE VOTER OPTIONS (Check any of the following that apply to you)

A. ☐ I am permanently and totally disabled and wish to receive an absentee ballot for all elections to be held during the remainder of the calendar year.

B. ☐ I am not permanently and totally disabled, but wish to vote only by absentee ballot in a general election. If you check off this box, you will automatically be sent an absentee ballot application for any general election until you request otherwise.

Mail my ballot to the following address (if different from above):

__________________________

__________________________

Municipality: ______________________ State: ______________________ Zip code: ________________

Sign your name as it appears in poll book: ______________________

Today’s date: ________________

*Any person providing assistance to voter in completing this application must provide:

Name (type or print): ______________________

Street address: ______________________

Municipality: ______________________ State: ______________________ Zip code: ________________

Signature of Assistor: ______________________ Date: ________________

*No candidate in the election for which the voter is requesting an absentee ballot can be an Assistor or Authorized Messenger.

Only if sick or confined, voter may apply for an absentee ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of this County.

I designate ______________________ to be my authorized messenger.

(Signature of Voter)

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 absentee ballot directly to the voter and no other person, under penalty of law”.

Signature of Messenger: ______________________

Street address: ______________________

Municipality: ______________________ State: ______________________ Zip code: ________________