CIVILIAN ABSENTEE BALLOT APPLICATION

(You Must Apply for an Absentee Ballot for each Election)

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

☐ PRIMARY ☐ GENERAL ☐ SCHOOL ☐ SPECIAL *(specify)* _____

☐ Republican ☐ Democrat

for the election to be held on _____ *(Date)*

I live in the ☐ City ☐ Town ☐ Township ☐ Borough ☐ Village of _____

My legal residence address including Street Number and/or R.D. Number and Box Number is as follows:

Address: _____

_____

Municipality _____ Zip Code: _____

Phone _____

Mail my ballot to the following address:

Address: _____

_____

Municipality _____ State: ____ **Zip Code:** _____

CHECK REASON FOR BALLOT

I am unable to vote at my regular polling place on election day because:

☐ I expect to be absent from the State of New Jersey on election day. Departure Date: _____

☐ Of illness or physical disability including blindness or pregnancy.

☐ I am permanently and totally disabled. State reason: _____

☐ Observance of religious holiday on election day.

☐ Resident attendance at a school, college, or university on election day.

☐ Of nature and hours of my employment on election day.

Under penalty of Law, I certify that the foregoing statements made by me are true and correct

X_____

SIGN YOUR NAME AS IT APPEARS IN REGISTRY BOOK

Print your name as it appears in the registry book: _____

If sick or confined a voter may apply for an absentee ballot by authorized messenger.
(Messenger must be a family member or registered county voter.)

I designate the following person to be my authorized messenger.

Name of Messenger _____

Signature of Voter X_____

SIGN YOUR NAME AS IT APPEARS IN REGISTRY BOOK

Signature of Messenger X_____

FAMILY MEMBER OR REGISTERED COUNTY VOTER

Authorized messenger must sign application only in presence of county clerk or county clerk designee.

Street Address: _____

Municipality _____ State: ____ Zip Code: _____

OFFICAL USE ONLY

VOTER NUMBER	PARTY	MUNICIPALITY	WARD	DISTRICT
APPROVED	DATE	LABEL	DATE	REMARKS