

APPLICATION FOR VOTE BY MAIL BALLOT

Please type or print clearly in ink. All information required unless marked optional.

Fold this panel first

<p>1 I hereby apply for a Mail-In Ballot for: (CHECK ONLY ONE)</p> <p><input type="checkbox"/> ALL FUTURE ELECTIONS, until I request otherwise in writing.</p> <p>Or for ONLY ONE of the following: <input type="checkbox"/> General (November)</p> <p><input type="checkbox"/> Primary (June) <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Special _____ To be held on ____/____/____ <small>(Specify) (MM / DD / YYYY)</small></p> <p>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.</p>	<p>MILITARY/OVERSEAS VOTER ONLY</p> <p>I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (CHECK ONLY ONE)</p> <p><input type="checkbox"/> A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I intend to return.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I do not intend to return.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I have never lived in the U.S.</p>
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<p>2 Last Name <small>(Type or Print)</small> _____</p> <p>First Name <small>(Type or Print)</small> _____</p> <p>Middle Name or Initial _____</p> <p>Suffix (Jr., Sr., III) _____</p>	<p>3 Address at which you are registered to vote:</p> <p>Street Address or RD# _____ Apt. _____</p> <p>Municipality <small>(City/Town)</small> _____ State _____ Zip _____</p> <p>WEST NEW YORK NJ 07093</p>	<p>4 Mail my ballot to the following address:</p> <p><input type="checkbox"/> Same Address as Section 3</p> <p>Please include _____ any PO Box, RD#, _____ State/Province, _____ Zip/Postal Code _____ & Country _____ (if outside US)</p>	
<p>5 Date of Birth <small>(MM / DD / YYYY)</small> ____/____/____</p>	<p>6 Day Time Phone Number <small>() _____</small></p>	<p>7 E-Mail Address <small>(Optional)</small> _____</p>	
<p>8 Signature _____ Please sign your name as it appears in the Poll Book.</p>	<p>9 Today's Date <small>(MM / DD / YYYY)</small> ____/____/2019</p>		

OPTIONAL - ONLY COMPLETE SECTIONS 10 OR 11 IF APPLICABLE

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

Name of Assistor <small>(Type or Print)</small> _____	Signature of Assistor _____	Date <small>(MM / DD / YYYY)</small> ____/____/____
Address _____	Apt. _____	Municipality <small>(City/Town)</small> _____ State _____ Zip _____

Fold this panel second

11 **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 Messenger

Address of Messenger _____	Apt. _____	Municipality <small>(City/Town)</small> _____	State _____	Zip _____	Date of Birth <small>(MM / DD / YYYY)</small> ____/____/____
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Signature of Voter _____ Date (MM / DD / YYYY) ____/____/____

OFFICE USE ONLY

Voter Reg # _____

Muni Code # _____ Party _____

Ward _____ District _____



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

E. JUNIOR MALDONADO
Clerk of Hudson County
257 Cornelson Avenue, 4th Floor
Jersey City, New Jersey 07302



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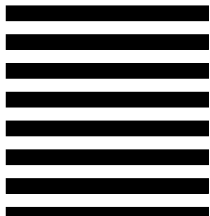
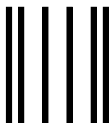
E. Junior Maldonado
Clerk of Hudson County



OFFICE OF THE HUDSON COUNTY CLERK
257 CORNELISON AVE 4TH FL
JERSEY CITY, NJ 07302-9920

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BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 555 JERSEY CITY, NJ
POSTAGE WILL BE PAID BY ADDRESSEE



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**