APPLICATION FOR VOTE BY MAIL BALLOT

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

1

I hereby apply for a Mail-In Ballot for:
(CHECK ONLY ONE)

☐ ALL FUTURE ELECTIONS, until I request otherwise in writing.

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

☐ Primary (June) ☐ Municipal ☐ School ☐ Fire

☐ Special _____ (Specify) To be held on ___/___/___ (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)

3

Address at which you are registered to vote:

Street Address or RD# _____ Apt. _____

Municipality (City/Town) _____ State _____ Zip _____

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

10

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

Name of Assistor (Type or Print) _____ Signature of Assistor X _____ Date (MM / DD / YYYY) ___/___/___

Address _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____

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 (City/Town) _____ State _____ Zip _____ Date of Birth (MM / DD / YYYY) ___/___/___

Signature of Voter X _____ ___/___/___ Date (MM / DD / YYYY)

STOP 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 X _____ Date (MM / DD / YYYY) ___/___/___

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.

PLEASE NOTE

A voter may apply for a Mail-In Ballot by mail up to 7 days prior to the election. He or she may also apply in person to the County Clerk until 3 P.M. the day before the election.

Voters now have an option of automatically receiving a Mail-In Ballot for all future elections. If such voter no longer wants this option, the County Clerk's office must be notified in writing.

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.

PLACE POSTAGE HERE BEFORE MAILING

OFFICIAL ELECTION MAIL

Name

Street Address

City, State, Zip Code

APPLICATION FOR VOTE BY MAIL BALLOT

John S. Hogan
Bergen County Clerk
One Bergen County Plaza, Room 130
Hackensack, NJ 07601

APPLICATION FOR VOTE BY MAIL BALLOT

Please Seal with Tape and Return