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.

⬇ REMOVE THIS PANEL AT PERFORATION – SEAL AND RETURN ⬇

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 _____ 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)

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 | Date (MM / DD / YYYY)

OFFICE USE ONLY

Voter Reg # _____

Muni Code #_____ Party _____

ELECTION MAIL™ Authorized by the U.S. Postal Service

Jersey City, New Jersey 07302

APPLICATION FOR VOTE BY MAIL BALLOT

VOTE

E. Junior Maldonado
Clerk of Hudson County

Postage Required. Post Office will not deliver without proper postage.

OFFICIAL ELECTION MAIL™ Authorized by the U.S. Postal Service

Name

Address

Municipality State Zip Code

APPLICATION FOR VOTE BY MAIL BALLOT

To: E. JUNIOR MALDONADO
Clerk of Hudson County
257 Cornelison Avenue - 4th Floor
Jersey City, New Jersey 07302

Dear Registered Voter:

Attached is a Vote By Mail Application for your use. If you would like to have a ballot mailed to you, please complete and return this application as soon as possible.

After we receive your request, a ballot will be mailed to you as soon as it is available. If you have any questions or concerns, please contact the Office of the County Clerk, Division of Elections, at (201) 369-3470, select option 6. You can also access information at the County Clerk website at **www.hudsoncountyclerk.org**.

We look forward to serving you.

Sincerely,

E. Junior Maldonado

E. Junior Maldonado
Clerk of Hudson County