

# APPLICATION FOR VOTE BY MAIL BALLOT

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

**OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE**

## Voter Options to Automatically Receive Ballots in Future Elections

**You may choose either option, both options, or none of the options. YOU ARE NOT REQUIRED TO CHOOSE AN OPTION.**  
**If you do not choose any option, you will only be sent the ballot for the election you chose in Section 1.**

**10** **\*A**  I wish to receive a Mail-In Ballot for all elections to be held during the **REMAINDER OF THIS CALENDAR YEAR**.  
**\*B**  I wish to receive a Mail-In Ballot in **ALL FUTURE NOVEMBER GENERAL ELECTIONS**, until I request otherwise.

**\*Please Note: Your ballot can only be sent to the mailing address supplied on this application; if your address changes, you must notify the County Clerk in writing.**

## Assistor

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

<b>11</b>	Name of Assistor (Type or Print)	Signature of Assistor <b>X</b>	Date / /	
Address	Apt.	Municipality (City/Town)	State	Zip

## 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.

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 Mail-In Ballot directly to the voter and no other person, under penalty of law.”**

### Signature of Messenger

Date / /

**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. Your Mail-In Ballot must be received by the County Board of Election before close of polls on Election Day.
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 "Voter Options."

**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.*

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

PLACE  
POSTAGE  
HERE  
BEFORE  
MAILING

**APPLICATION FOR VOTE BY MAIL BALLOT**

Joanne Rajoppi  
Union County Clerk  
2 Broad Street Room 113  
Elizabeth, NJ 07201-2299

**APPLICATION  
FOR  
VOTE BY  
MAIL BALLOT**



Please Seal with Tape and Return