Application For Vote by Mail Ballot

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

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 ______ / ______ / ______

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.

1. Last Name (Type or Print)          First Name (Type or Print)          Middle Name or Initial          Suffix (Jr., Sr., III)

2. Address at which you are registered to vote:
   Street Address or RD#          Apt.

3. 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.

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          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.

    Address of Messenger          Print Name of Authorized Messenger          Apt.          Municipality (City/Town)          State          Zip          Date of Birth (MM/DD/YYYY)

    Signature of Voter          Signature of Messenger          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 ____________________________

Ward ___________ District ____________________________
APPLICATION FOR VOTE BY MAIL BALLOT

Please Seal with Tape and Return

Elaine Flynn
Middlesex County Clerk
P.O. Box 1110
75 Bayard Street, 4th Floor
New Brunswick, NJ 08901

INSTRUCTIONS

1. Fill out application.
2. Print and sign your name where indicated.
3. Mail or deliver application to the County Clerk.
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.
5. 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.
6. Do not submit more than one application for the same election.

WARNING

This application must be received by the County Clerk not later than 7 days prior to the election.

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 9 P.M. the day before the election.

Elaine Flynn
Middlesex County Clerk
P.O. Box 1110
75 Bayard Street, 4th Floor
New Brunswick, NJ 08901