

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 _____

PLEASE NOTE: This contact information will be used to contact you concerning the acceptance or rejection of your ballot and how you may cure a defect.

8 Signature: I affirm that I am the person who is applying for this ballot and I live at the address designated in box 3 of this form. **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 _____ Date (MM / DD / YYYY) ____/____/____
X
 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, except that an authorized messenger or bearer may serve as such for up to five qualified voters in an election if those voters are immediate family members residing in the same household as the messenger or bearer.

11 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 _____ Date (MM / DD / YYYY) ____/____/____
X

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) ____/____/____
X

OFFICE USE ONLY
 Voter Reg # _____
 Muni Code # _____ Party _____
 Ward _____ District _____

INSTRUCTIONS

- Fill out application completely.
- Print and sign your name where indicated.
- Fold in order indicated and seal with clear tape.
- **Mail or Deliver** application to the County Clerk.
Hand deliver to:

Office of the County Clerk, Election Division,
Camden County Elections & Archive Center
100 University Court, Blackwood, NJ 08012

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 144 hours (6 days) after the time for the closing of the polls of 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.

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



1) Fold along this edge 1st



Name _____
Street Address _____
City, State, Zip Code _____

APPLICATION FOR VOTE BY MAIL BALLOT

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 120 CAMDEN NJ

POSTAGE WILL BE PAID BY ADDRESSEE

JOSEPH RIPA
OFFICE OF THE CAMDEN COUNTY CLERK
PO BOX 218
BLACKWOOD, NJ 08012-9805



2) Fold along this edge 2nd



JOSEPH RIPA
COUNTY CLERK
CAMDEN COUNTY
NEW JERSEY

camden county
Making It Better. Together.



Seal Here

3) Seal with Clear Tape and Return

Seal Here