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CIVILIAN ABSENTEE BALLOT APPLICATION

**TO: MICHAEL J. GARVIN,
Atlantic County Clerk
5901 Main Street
Mays Landing, NJ 08330-9905**

- VOTING INFORMATION:**
1. You must be a registered voter in order to apply for an absentee ballot.
 2. Once you apply for an absentee ballot, you will not be permitted to vote at your polling place in the same election.
 3. Your ballot will be mailed to you on or after the 40th day prior to Election Day.
 4. You will receive instructions with your ballot.
 5. Your actual absentee ballot must be received by the County Board of Elections before close of polls on Election Day.
 6. Do not submit more than one application for the same Election.
 7. You must apply for an absentee ballot for each election, unless you designate otherwise under "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, if sick or confined, via an authorized messenger during County Clerk's office hours, but no later than 3:00 P.M. the day prior to the election.

PLEASE NOTE:
A voter may apply for an absentee ballot by mail up to 7 days prior to the election. He or she may also apply in person to the County Clerk until 3:00 P.M. the day before the election. Applications are to be returned to the County Clerk in the County of your last domicile in New Jersey.
Note also that permanently and totally disabled voters have the option of indicating on an application for an absentee ballot that they would prefer to receive an absentee ballot for each election that takes place during the remainder of the calendar year.
Voters who are not permanently and totally disabled now have the option of automatically receiving an absentee ballot application for any general election. If such voter no longer wants this option, the County Clerk's office must be notified.

CIVILIAN ABSENTEE BALLOT APPLICATION

PRINT OR TYPE NAME _____ DATE OF BIRTH _____

STREET ADDRESS OR RD# _____

MUNICIPALITY _____ ZIP CODE _____ PHONE _____

I hereby apply for an absentee ballot for the (check one):
 Primary General Municipal School Special
 Other _____ to be held on _____ (date)
(specify) (date)

ABSENTEE VOTER OPTIONS (Check any of the following that apply to you)
A. I am permanently and totally disabled and wish to receive an absentee ballot for all elections to be held during the remainder of the calendar year.
B. I am not permanently and totally disabled, but wish to vote only by absentee ballot in a general election. If you check off this box, you will automatically be sent an absentee ballot application for any general election until you request otherwise.

Mail my ballot to the following address (if different from above):

STREET ADDRESS _____
MUNICIPALITY _____ STATE _____ ZIP CODE _____

Sign your name as it appears in poll book _____ TODAY'S DATE _____

*Any person providing assistance to voter in completing this application must provide:
NAME (TYPE OR PRINT) _____
STREET ADDRESS _____
MUNICIPALITY _____ STATE _____ ZIP CODE _____
SIGNATURE OF ASSISTOR _____ DATE _____

*NO CANDIDATE IN THE ELECTION FOR WHICH THE VOTER IS REQUESTING AN ABSENTEE BALLOT CAN BE AN ASSISTOR OR AUTHORIZED MESSENGER.

ONLY if sick or confined, voter may apply for an absentee ballot by *Authorized Messenger. Messenger shall be a family member or a registered voter of this County.

I designate _____ to be my authorized messenger.
(Name of 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 absentee ballot directly to the voter and no other person, under penalty of law".

SIGNATURE OF MESSENGER _____
STREET ADDRESS _____
MUNICIPALITY _____ STATE _____ ZIP CODE _____

OFFICIAL USE ONLY					
VOTER NUMBER	PARTY	MUN	WARD	DISTRICT	BALLOT NO.