	APPLICATION F	OR	Vo	TE	B	Y M		BA		т	
1	Please type or print clearly in ink. All information required unless marked optional. I hereby apply for a Mail-In Ballot for the: (CHECK ONLY ONE) General (November) Primary Municipal School Special					 MILITARY/OVERSEAS VOTER ONLY I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (MARK 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. 					
2	Last Name (Type or Print) First	st Name	(Type or Print)			Middle	e Name o	r Initia	l -	Suffix (Jr., Sr., III)	
3	Address at which you are registered to vote Street Address or RD# Apt. Municipality (City/Town) State Zip			th Ple PC Star Zip/		2D#, ince, Code ry	ress:		Same Ac	ddress as Section 3	
5	Date of Birth	ione Nu	mber		7 E-Mail Address (Optional)						
8	Signature Please sign your name as it appears in the Poll Book. 9										
	OPTIONAL - ONLY COMPLE	TE SE		NS 1	0 Tŀ	ROUGH	1 12 IF	APP		BLE	
10	Voter Options to Automatically I You may choose either option, both options, or no If you do not choose any option, you will only be s *A I wish to receive a Mail-In Ballot for a *B I wish to receive a Mail-In Ballot in AL *Please Note: Your ballot can only be sent to the mailing address	one of the sent the Il election	ne option ballot fo ons to b URE N	ns. YO or the e oe held OVEM	U AR lection durir BER	E NOT REG n you chose ng the REN GENERAL	QUIRED 1 in Section IAINDEF ELECT	TO CH on 1. R OF T TONS	THIS C/ 6, until l I	ALENDAR YEAR. request otherwise.	
11	Assistor Any person providing assistance to the voter in completing this Name of Assistor (Type or Print) Signature of Assistance Address									on. Date / / Zip	
12	Authorized Messenger Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a regressenger for more than THREE qualified voters per election. I designate to be my Authorized Print Name of Authorized Messenger Address of Messenger Apt. Municipality (City/Town) State Zip Signature of Voter X Date / OFFICE USE OF Voter Reg # Muni Code # Party _ "I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of Iaw." Signature of Messenger Vard District								In Ballot or (2) serve d Messenger. Date of Birth /		
	X		/	1							

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

- You must be a registered voter in order to apply for a Mail-In Ballot.
- 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.
- You will receive instructions with your ballot.
 Your Mail-In Ballot must be received by the County Bo
- Your Mail-In Ballot must be received by the County Board of Election before close of polls on Election Day.
- Do not submit more than one application for the same election.
 You must apply for a Mail-In Ballot for each election, unless
- you designate otherwise under "Voter Options."

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.

Note also that voters have an option of indicating on an application for a Mail-In Ballot that they would prefer to receive a ballot for each election that takes place during the remainder of the calendar year.

Voters also now have an option of automatically receiving a Mail-In Ballot for each General Election. 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.





Street Address

Name

City, State, Zip Code

APPLICATION FOR VOTE BY MAIL BALLOT

JOSEPH RIPA OFFICE OF THE CAMDEN COUNTY CLERK P.O. Box 218 Blackwood, NJ 08012-0218

