

CIVILIAN ABSENTEE BALLOT APPLICATION

I hereby apply for an absentee ballot for the election checked below, to be held on (date): _____

- Primary Municipal Local School
 General Special Regional School

COMPLETE THE FOLLOWING:

I live in the City, Town, Township, or Borough of _____

Street Address _____
 Municipality _____ Zip _____
 Phone _____

MAIL MY BALLOT TO THE FOLLOWING ADDRESS:

Street Address _____
 Municipality _____
 State _____ Zip _____

CHECK REASON FOR BALLOT:

I am unable to vote at my regular polling place on election day because:

- I expect to be away on Election Day
 Departure date: _____
 Of illness or physical disability
 I am permanently and totally disabled
 State reason: _____

NOTE: If you are permanently and totally disabled and wish to receive an absentee ballot for all elections to be held during the remainder of the calendar year, also check this box →

- Observance of a religious holiday on election day
 Resident attendance at a school, college or university on election day
 Of nature and hours of employment on election day

Under penalty of law, I certify that the foregoing statements made by me are true and correct.

→ _____
SIGN your name as it appears in the Registry Book

→ _____
PRINT or **TYPE** your name

If sick or confined, a voter may apply for an absentee ballot by authorized messenger:

I designate _____
 (Name of Messenger)

 (Signature of Voter)

Messenger **MUST** be a Family Member or an Atlantic County Registered Voter (NJSA 19:57-4)

Authorized messenger must complete the information below **ONLY** in the presence of the County Clerk or the County Clerk's designee:

 Signature of Messenger

 Street Address / Municipality / Zip Code

For Office Use ONLY:

Mun: _____ W/D: _____ VR #: _____

Approved: Y N Reason: _____ Ini: _____

Affix
First Class
Postage
Here



CIVILIAN ABSENTEE BALLOT APPLICATION

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

 Name

 Street Address

 City, State, Zip Code

INSTRUCTIONS:

1. Fill out application. Print and sign your name where indicated
2. Mail or Deliver application to your County Clerk

INFORMATION:

1. You must be a registered voter.
2. You will not be permitted to vote at your polling place in the same election
3. Your Absentee Ballot must be received by the County Board of Elections before the close of polls on Election Day (8:00 PM)
4. You will receive instructions with your Ballot
5. Your Ballot will be mailed on or after the 40th day prior to 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

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 authorized messenger during County Clerk's Office hours to 3:00 PM the day prior to the election.