	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					<ul> <li>MILITARY/OVERSEAS VOTER ONLY</li> <li>I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (MARK ONLY ONE)</li> <li>A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.</li> <li>A U.S. Citizen residing outside the U.S. and I intend to return.</li> <li>A U.S. Citizen residing outside the U.S. and I do not intend to return.</li> </ul>					
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										
	<b>OPTIONAL - ONLY COMPLE</b>	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 <b>URE N</b>	ns. <b>YO</b> or the e oe held <b>OVEM</b>	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 permittee 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 Board of
- Election before close of polls on Election Day.
- 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 "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

Ann F. Grossi Morris County Clerk P.O. Box 315 Morristown, NJ 07963-0315

