lame			
Street Address		 	

INSTRUCTIONS

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

INFORMATION

You must be a registered voter.

City, State, Zip Code

- You will not be permitted to vote at your polling place in the same election.
- Your Absentee Ballot must be received by the County Board of Elections before the close of the polls on Election Day.
- 4. You will receive instructions with your Ballot.
- Your Ballot will be mailed on or after the 40th day prior to Election Day.
- Do not submit more than <u>one</u> application for the same Election.
 You must apply for an Absentee Ballot for each Election.
- * 8. 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.

WARNING

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.



Affix First Class Postage Here

CIVILIAN ABSENTEE BALLOT APPLICATION

M. CLAIRE FRENCH
COUNTY CLERK OF MONMOUTH COUNTY
300 HALLS MILL ROAD
FREEHOLD, NJ 07728-8835 USA



CIVILIAN ABSENTEE BALLOT APPLICATION N.J.S.A. 19.57-1 et seq.

You must apply for an Absentee Ballot for each Election. I hereby apply for an absentee ballot for the (Check one)	
☐ Primary ☐ General ☐ Municipal ☐ Special ☐ Local School ☐ Regional School ☐ Voc. Tech. School	
Other To be held on	
CHECK AND COMPLETE	
l live in the ☐ Borough ☐ City ☐ Town ☐ Township ☐ Village	
of My legal residence address including Street Number and Box Number is as follows:	
STREET ADDRESS	
MUNICIPALITY ZIP CODE PHONE	
Mail my ballot to the following address:	
STREET ADDRESS	
MUNICIPALITY STATE ZIP CODE CHECK REASON FOR BALLOT	
N.J.S.A. 19:57-3	
I am unable to vote at my regular polling place on election day because:	
☐ I expect to be absent from the State of New Jersey on election day	•
(DATE OF DEPARTURE)	
☐ Of illness or temporary physical disability ☐ I am permanently and totally disabled	
★ ☐ I am permanently and totally disabled and wish to receive an	
absentee ballot for all elections to be held during the remainder of	
this calendar year.	
☐ Observance of a religious holiday on election day ☐ Resident attendance at a school, college or university on election	
day Of nature and hours of my employment on election day	
Under penalty of Law, I certify that the foregoing statements made by me are true and correct	t.
SIGN YOUR NAME AS IT APPEARS IN REGISTRY BOOK	
SIGN 765KM ENG 1	
PRINT OR TYPE YOUR NAME	*
If sick or confined a voter may apply for an absentee ballot by	÷
authorized messenger.	***
↓ I designate	*
SIGNATURE OF VOTER)	*
 Authorized messenger must sign application only in presence of 	*
•	****
SIGNATURE OF MESSENGER	* * *
STREET ADDRESS	*
*	*
MUNICIPALITY ZIP CODE	÷
