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

1. You must be a registered voter in order to apply for a Mail-In Ballot.
2. 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.
3. You will receive instructions with your ballot.
4. 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.

PLACE POSTAGE HERE BEFORE MAILING

Name _____

Street Address _____

City, State, Zip Code _____

APPLICATION FOR VOTE BY MAIL BALLOT

Barbara A. Netchert
Hudson County Clerk
Hudson County Plaza
257 Cornelison Avenue, 4th Floor
Jersey City, NJ 07302

APPLICATION FOR VOTE BY MAIL BALLOT

Please Seal with Tape and Return

APPLICATION FOR VOTE BY MAIL BALLOT

Please type or print clearly in ink. All information required unless marked optional.

1 **I hereby apply for a Mail-In Ballot for the:**
(CHECK ONLY ONE)
☐ General (November) ☐ Primary ☐ Municipal ☐ School ☐ Fire
☐ Special _____ (Specify) To be held on ___/___/___ (Date)

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 Name (Type or Print)	Middle Name or Initial	Suffix (Jr., Sr., III)

3 **Address at which you are registered to vote**

Street Address or RD#	Apt.		
Municipality (City/Town)	State	Zip	

4 **Mail my ballot to the following address:** ☐ Same Address as Section 3

Please include any PO Box, RD#, State/Province, Zip/Postal Code & Country (if outside US)

5 Date of Birth ___/___/___

6 Day Time Phone Number ( )

7 E-Mail Address (Optional)

8 **Signature** Please sign your name as it appears in the Poll Book.
X _____

9 Today's Date ___/___/___

OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE

10 **Voter Options to Automatically Receive Ballots in Future Elections**
You may choose either option, both options, or none of the options. ***YOU ARE NOT REQUIRED TO CHOOSE AN OPTION.***
If you do not choose any option, you will only be sent the ballot for the election you chose in Section 1.

*A ☐ I wish to receive a Mail-In Ballot for all elections to be held during the **REMAINDER OF THIS CALENDAR YEAR.**
*B ☐ I wish to receive a Mail-In Ballot in **ALL FUTURE NOVEMBER GENERAL ELECTIONS**, until I request otherwise.

****Please Note: Your ballot can only be sent to the mailing address supplied on this application; if your address changes, you must notify the County Clerk in writing.***

11 **Assistor**
Any person providing assistance to the voter in completing this application must complete this section.

Name of Assistor (Type or Print)	Signature of Assistor	Date
	X	___/___/___

Address	Apt.	Municipality (City/Town)	State	Zip

12 **Authorized Messenger**
Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of this County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as messenger for more than THREE qualified voters per election.

I designate _____ **to be my Authorized Messenger.**
Print Name of Authorized Messenger

Address of Messenger	Apt.	Municipality (City/Town)	State	Zip	Date of Birth
					___/___/___

Signature of Voter X _____ Date ___/___/___

STOP 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 Mail-In Ballot directly to the voter and no other person, under penalty of law."

Signature of Messenger	Date
X	___/___/___

OFFICE USE ONLY

Voter Reg # _____
Muni Code # _____ Party _____
Ward _____ District _____