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:

(CHECK ONLY ONE)

☐ ALL FUTURE ELECTIONS, until I request otherwise in writing.

Or for ONLY ONE of the following: ☐ General (November)

☐ Primary (June) ☐ Municipal ☐ School ☐ Fire

☐ Special _____ To be held on ___/___/___
     (Specify)   (MM / DD / YYYY)

MILITARY/OVERSEAS VOTER ONLY

I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am **(CHECK 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.

☐ A U.S. Citizen residing outside the U.S. and I have never lived in the U.S.

PLEASE NOTE: Your ballot can only be sent to the mailing address supplied on this application.
If your mailing address changes, you must notify the County Clerk in writing.

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 (MM / DD / YYYY) ___/___/___

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 (MM / DD / YYYY) ___/___/___

OPTIONAL - ONLY COMPLETE SECTIONS 10 OR 11 IF APPLICABLE

10

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 (MM / DD / YYYY)

X   ___/___/___

Address		Apt.	Municipality (City/Town)	State	Zip

11

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 (MM / DD / YYYY)
					___/___/___

Signature of Voter X _____ ___/___/___ Date (MM / DD / YYYY)

🛑 **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 (MM / DD / YYYY)

X _____ ___/___/___

OFFICE USE ONLY

Voter Reg # _____

Muni Code #_____ Party _____

Ward _____ District _____