APPLICATION FOR VOTE BY MAIL BALLOT

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

			_						
	I hereby apply for a Mail-In Ballot for: (CHECK ONLY ONE)			MILITARY/OVERSEAS VOTER ONLY					
				I request Vote-By-Mail Ballots for all elections in which I am					
	☐ ALL FUTURE ELECTIONS, until I request otherwise in writing.			eligible to vote and I am (CHECK ONLY ONE) A Member of the Uniformed Services or Merchant Marine on active duty or an eligible angular or dependent					
	Or for ONLY ONE of the following: General (November)								
1	☐ Primary (June) ☐ Municipal ☐ School ☐ Fire			active duty, or an eligible spouse or dependent. ☐ A U.S. Citizen residing outside the U.S. and I intend to return.					
	☐ Special To be held on / /			☐ A U.S. Citizen residing outside the U.S. and I do not intend to return.					
	(Specify) (Specify) (MM / DD / YYY								
	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.								
	Last Name (Type or Print) First Name (Type or Print)			•					
2	Last Name v			ivildule Name of Initial Sulfix (Jr., Sr., III)					
	Address at which you are registered to vote:			Mail my ballot to the following address:					
3	Street Address or RD# ,Apt.				☐ Same Address as Section 3				
	, p.:				Please include				
				4 a	ny PO Box, RD#, State/Province,				
	Municipality (City/Town) State Zip)			Zip/Postal Code -				
					& Country (if outside US)				
	D. J. (Di.H. AM/DD ()0000	N .				A 1.1			
5	Date of Birth (MM / DD / YYYYY) 6 Day Time P	none N	Numbei	r	7 E-Mail /	Address			
	PLEASE NOTE: This contact information will be used to contact you concerning the acceptance or rejection of your ballot and how you may cure a defect.								
	Signature: I affirm that I am the person	contact	you com	coming	ne acceptance o	r rejection or your t	_	oday's Date (MM / DD / YYYY)	
8	who is applying for this ballot and I live at the 📉						9 "	I I	
	address designated in box 3 of this form.							1 1	
	OPTIONAL - ONLY COM								
10				voter in completing this application must complete this section. Date (MM/DD/YYYY)					
)				10010101				
	Address	·		Apt.	Municipality (City/Town)	State	Zip	
	Authorizad Macconson								
	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, except that an authorized								
	messenger or bearer may serve as such for up to five qualified voters in an election if those voters are immediate family members residing in the same household as the messenger or bearer.								
	I designatePrint Name of Authorized Messenger				to be my Authorized Messenger.				
	Print Name of Authorized Messeng Address of Messenger Apt. Mun			inality ((State Zip Date of Birth (MM/DD/YYYY)			
	Address of Messenger	ηρι.	Mullic	ipality (, , , , , , , , , , , , , , , , , , ,	State Zip	ľ		
11	Signature of Voter			Doto (I	MM / DD / VVVV)				
	Signature of Voter Date (MM / DD / YYYY)								
	STOP Authorized Messenger must sign application and show in the presence of the County Clerk or County Clerk d					OFFICE USE ONLY			
	"I do hereby certify that I will deliver the Mail-In Ballot di					Voter Reg #			
						voter rieg #			
	and no other person, under p	penalty		<i>I</i> ."					
	and no other person, under person, under person, under person signature of Messenger	penalty		<i>I</i> ."	(MM / DD / YYYY)			Party	

INSTRUCTIONS

- Fill out application.
- Print and sign valls name wi
- 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

JOTING INFORMATION

- 1. 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 permitted to vote by machine at your polling place in the same election.
- 3. You will receive instructions with your ballot.

 A If returning your Mail in Ballot in person it may
- If returning your Mail-In Ballot in person it must be received by the County Board of Elections before close of polls on Election Day. If returning your Mail-In Ballot by mail, it must be postmarked no later than Election Day and received by the county board of elections no later than 144 hours (6 days) after the time for the closing of the polls of the election.
- 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 Section 1.

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.

Voters now have an option of automatically receiving a Mail-In Ballot for all future elections. If such voter no longer wants this option, the County Clerk's office must be notified in writing.

OFFICIAL * * *

PLACE
POSTAGE
HERE
BEFORE
MAILING

APPLICATION FOR VOTE BY MAIL BALLOT

Pamela R. Lampitt
Office of the Camden County Clerk
P.O. Box 218
Blackwood NJ 08012-0218

APPLICATION VOTE BY VOTE BY

WARNING nust be received

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.

Name

Street Address

City, State, Zip Code