

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.

APPLICATION FOR VOTE BY MAIL BALLOT

Honorable John S. Hogan
Bergen County Clerk
One Bergen County Plaza
Room 130
Hackensack, NJ 07601

APPLICATION FOR VOTE BY MAIL BALLOT



JOHN S. HOGAN
BERGEN COUNTY CLERK

Please Seal with Tape and Return

PLACE
POSTAGE
HERE
BEFORE
MAILING



Name _____
Street Address _____
City, State, Zip Code _____

APPLICATION FOR VOTE BY MAIL BALLOT

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

MILITARY/OVERSEAS VOTER ONLY

1 I hereby apply for a Mail-In Ballot for the:

(CHECK ONLY ONE)

- General (November) Primary Municipal School Fire
 Special _____ To be held on ____/____/____
(Specify) (Date)

- 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 **X** _____ Please sign your name as it appears in the Poll Book. **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 **X** _____ Date ____/____/____

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 ____/____/____



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 **X** _____ Date ____/____/____

OFFICE USE ONLY

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