

CIVILIAN ABSENTEE BALLOT APPLICATION

I hereby apply for an absentee ballot for the (Check one):

PRIMARY GENERAL MUNICIPAL SCHOOL SPECIAL

OTHER _____ To be held on ____/____/____
(SPECIFY) DATE

PRINT OR TYPE YOUR NAME

DATE OF BIRTH

STREET ADDRESS or RD #

MUNICIPALITY

ZIP CODE

PHONE

X

SIGN YOUR NAME AS IT APPEARS IN POLL BOOK TODAY'S DATE

Mail my ballot to the following address (if different from above):

STREET ADDRESS

MUNICIPALITY

STATE

ZIP CODE

PHONE

ABSENTEE VOTER OPTIONS (Check any of the following that apply to you)

- A. I am permanently and totally disabled and wish to receive an absentee ballot for all elections to be held during the remainder of the calendar year.
- B. I wish to vote only by absentee ballot in a general election. If you check off this box, you will automatically be sent an absentee ballot application for any general election until you request otherwise.

AUTHORIZED ASSISTOR

* Any person providing assistance to voter in completing this application must provide:

PRINT OR TYPE YOUR NAME _____

STREET ADDRESS _____

MUNICIPALITY _____ STATE _____ ZIP _____

➤ SIGNATURE OF ASSISTOR _____ DATE _____

*** NO CANDIDATE IN THE ELECTION FOR WHICH THE VOTER IS REQUESTING AN ABSENTEE BALLOT CAN BE AN ASSISTOR OR AUTHORIZED MESSENGER.**

AUTHORIZED MESSENGER

ONLY if sick or confined, voter may apply for an absentee ballot by *Authorized Messenger. Messenger shall be a family member or a registered voter of Union County.

I designate _____ to be my
authorized messenger. (Name of Messenger)

➤ _____
(Signature of voter)

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 absentee ballot directly to the voter and no other person, under penalty of law".

➤ _____
(Signature of Messenger)

(Street Address)

Municipality

State

Zip Code