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MILITARY ABSENTEE BALLOT APPLICATION - FIRST CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAIL - DMM E080

JAMES BEACH, COUNTY CLERK
CAMDEN COUNTY CLERK'S OFFICE
ELECTION DIVISION
PO BOX 150
CAMDEN NJ 08101-9930

Name

Street Address

City, State, Zip Code

INSTRUCTIONS

1. Fill out application. Print and sign your name where indicated.
2. If application made by Relative or Friend of Military Service Voter it must be subscribed and sworn to. If a Military Service Voter applies in person, application does not need to be subscribed and sworn to.
3. Mail or Deliver application to your County Clerk.
   Hand deliver to: Office of County Clerk James Beach, Election Division, County Administration Building 600 Market Street, 6th Street Entrance, 3rd Floor-Suite 316, Camden NJ

INFORMATION

1. Military Service Ballot must be received by the County Board of Elections before close of polls on Election Day.
2. You will receive instructions with your Ballot.
3. The Military Service Voter may apply in person to the County Clerk until the close of Polls on Election Day
4. Your Ballot will be mailed on or after the 25th day prior to Election Day.
5. Do not submit more than one application for the same Election.
6. You must apply for an Absentee Ballot for each Election.

Rev. 1/03

APPLICATION FOR MILITARY SERVICE VOTER
or
APPLICATION BY RELATIVE OR FRIEND FOR A MILITARY SERVICE BALLOT

The undersigned, residing at _____
(street and number or R.D. route)

in _____
(name of city or other municipality)

in the county of _____

in the state of _____

does hereby make application for a military service ballot to be voted at the election to be held on _____
(date of election)

for _____
(name of military service voter)

Serial No. if in military service _____

whose home address is at _____
(street and number or R.D. route)

in _____
(name of city or other municipality)

in the county of _____ in the State of New Jersey and who is stationed or can be found at _____

He is of the age of 18 years, has resided in the State of New Jersey at least 30 days and in said county at least 30 days counting the time that he has been absent from the election district in which he resides because of the service, work, status or relationship in the category indicated below and I verily believe that he is qualified to vote as a military service voter in said election.

(NOTE: MILITARY SERVICE VOTER CLAIMING MILITARY STATION AS HOME ADDRESS FOR VOTING PURPOSES MAY NOT USE MILITARY ABSENTEE BALLOT UNLESS REGISTERED TO VOTE IN THE MUNICIPALITY WHERE SUCH STATION IS LOCATED.)

Place an (X) in the box preceding the applicable category below.

- ☐ (a) ..... A person in the military service
- ☐ (b) ..... A spouse or dependent of a person in category (a)
- ☐ (c) ..... A patient in a veterans' hospital
- ☐ (d) ..... A civilian attached to or serving with the Armed Forces of the United States
- ☐ (e) ..... A spouse or dependent of and accompanying or residing with a person in category (d)

_____ (Print Signature) _____ (Signature of affiant or military service voter)

State of New Jersey: ss.
County of
The undersigned, being duly sworn on his oath according to law, says that the contents of the foregoing application are true.
Sworn and subscribed to before
me this _____ day of
_____ A.D. _____
(signature of affiant)

_____ (signature of officer authorized to administer oaths) _____ (title of officer taking oath)

Only relative or friend need complete above affidavit

Office Use Only Reg # _____