

ATLANTIC COUNTY CLERK'S OFFICE  
ELECTION DEPARTMENT  
5901 MAIN STREET  
MAYS LANDING, NEW JERSEY 08330  
609-625-4011

## AFFIDAVIT BY VOTER FOR SECOND BALLOT

I, \_\_\_\_\_, do hereby certify that I am  
(print your name above)  
a registered voter in Atlantic County, NJ, being registered in:

\_\_\_\_\_  
(Print your municipality/township above)

Reason for duplicate ballot:  
(REQUIRED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City-State-Zip Code

**For Office Use Only:**

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**Office Label**

**Time Stamp**

\_\_\_\_\_  
Clerk's Initials