



**Edward P. McGettigan, County Clerk**  
**AFFIDAVIT TO REQUEST SECOND VOTE BY MAIL BALLOT**

Mail completed form to: Atlantic County Clerk's Office  
5901 Main Street  
Mays Landing, NJ 08330

Original Request type:  In Person  
 By Mail  
 Authorized Messenger

Last Name	First Name	Middle Initial
<i>Address at which you are registered to vote:</i> Street Address/Apt #		
Municipality (City/Town)	State	Zip Code
Date of Birth	Phone Number	

**Voting twice in the same election constitutes a crime. 19:63-28**

I hereby request that my second ballot be issued and mail to <b>(if different from registered address)</b>		
Street Address/Apt#		
Municipality (City/Town)	State	Zip Code

I hereby state that my "Vote by Mail Ballot" for the \_\_\_\_\_ Election to be held on \_\_\_\_\_ was:

- Never Received     Mistake/Error     Misplaced     Destroyed     Other (specify below)

I DO HEREBY CERTIFY, subject to the penalties for fraudulent voting, that I am the person who applied for a second ballot.

Voter's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Assistor: Any person assisting the voter in completing this affidavit must complete this section:**

Name of Assistor: \_\_\_\_\_

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

\_\_\_\_\_  
Municipality (City/Town)                      State                      Zip Code

<i>Official Use Only</i>
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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 to personally deliver my request for a second ballot. *(Authorized messenger permission will only be accepted with a completed [vote by mail application](#))*