



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
Address at which you are registered to vote: 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 (if different from registered address)		
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>

*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, except that an authorized messenger or bearer may serve as such for up to five qualified voters in an election if those voters are immediate family members residing in the same household as the messenger or bearer.*

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*)