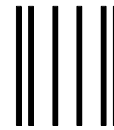
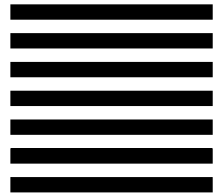


Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 215 TRENTON, NJ

POSTAGE WILL BE PAID BY ADDRESSEE

OCEAN COUNTY CLERK  
PO BOX 2191  
TOMS RIVER, NJ 08754-9804



**VOTING INFORMATION**

In light of the ongoing novel coronavirus (COVID-19) pandemic, Governor Murphy signed Executive Order No. 144 on May 15, 2020 which requires the County Clerk to send all Unaffiliated registered voters and Inactive Democratic and Republican registered voters a Vote by Mail Ballot application for the upcoming July 7, 2020 Primary Election. You are receiving this application because you are a registered Unaffiliated voter or a voter with an Inactive status that is entitled to vote in the July 7, 2020 Primary Election.

Unaffiliated voters currently registered to receive Vote by Mail Ballots, must complete this form to declare a Party affiliation in order to obtain a Vote by Mail Ballot for the July 7, 2020 Primary Election.

Because New Jersey is a closed Primary Election state, in order to receive a ballot, an Unaffiliated voter must choose to be affiliated with the Democratic or Republican party to receive that Party's Vote by Mail Ballot. You may return to an Unaffiliated status following the Primary Election by completing and returning a Party Declaration Form to your County Commissioner of Registration.

**DO NOT FAX OR E-MAIL  
UNLESS YOU ARE A MILITARY OR OVERSEAS VOTER**

**INSTRUCTIONS**

- Fill out application.
  - Print and sign your name where indicated.
  - Fold and tape the TOP of the application.
  - Mail or Deliver application to the County Clerk.
- If returning this form by mail, be sure that the panel with your County Election Official's address is on the outside.*

**PLEASE NOTE**

A voter may apply for a Mail-In Ballot by mail up to 7 days prior to the election. A voter may also apply in person to the County Clerk prior to 8 P.M. the day of the election.

**Please DO NOT STAPLE this form. Seal with TAPE and Return.**

**WARNING:**

*This application must be received by the County Clerk not later than 7 days prior to the election, unless you apply in person or via an authorized messenger during County Clerk's office hours, prior to 8 P.M. the day of the election.*

Non-Profit Org.  
U.S. POSTAGE  
**PAID**  
Toms River, N.J.  
08753  
Permit No. 13

**APPLICATION FOR VOTE BY MAIL BALLOT**

Ocean County Clerk  
P.O. Box 2191  
118 Washington Street  
Toms River, NJ 08754-2191

# APPLICATION FOR VOTE BY MAIL BALLOT FOR THE JULY 7, 2020 PRIMARY ELECTION IN ACCORDANCE WITH EXECUTIVE ORDER #144

Please type or print clearly in ink. All information required unless marked optional.

<b>1</b>	<b>I hereby apply for a Mail-In Ballot for the July 7, 2020 Primary Election:</b> <span style="color: red;">PLEASE NOTE: Your ballot can only be sent to the mailing address supplied on this application.</span>			
<b>2</b>	Last Name (Type or Print)	First Name (Type or Print)	Middle Name or Initial	Suffix (Jr., Sr., III)
<b>3</b>	<b>Address at which you are registered to vote</b> Street Address or RD# _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____		<b>4</b>	<b>Mail my ballot to the following address</b> <input type="checkbox"/> Same Address as Section 3  Please include _____ any PO Box, RD#, _____ State/Province, _____ Zip/Postal Code _____ & Country _____ (if outside US) _____
<b>5</b>	<b>In order to receive a ballot for the July 7, 2020 Primary Election you must declare one of the following Political Party Affiliations:</b> <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party			
<b>6</b>	Date of Birth (MM/DD/YYYY) ____/____/____	<b>7</b>	Day Time Phone Number (____) _____-____	<b>8</b>
				E-Mail Address (Optional) _____
<b>9</b>	<b>Signature:</b> I affirm that I am the person who is applying for this ballot and I live at the address designated in box 3 of this form.  <span style="font-size: 2em; color: red;">X</span> _____			<b>10</b>
				Today's Date (MM/DD/YYYY) ____/____/____

## OPTIONAL - ONLY COMPLETE SECTIONS 11 OR 12 IF APPLICABLE

<b>11</b>	<b>Assistor:</b> Any person providing assistance to the voter in completing this application must complete this section. Name of Assistor (Type or Print) _____ Signature of Assistor _____ Date (MM/DD/YYYY) ____/____/____ <span style="font-size: 2em; color: red;">X</span>			
Address _____		Apt. _____	Municipality (City/Town) _____	State _____ Zip _____

<b>12</b>	<b>Authorized Messenger:</b> Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of Ocean 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 in an election.  I designate _____ to be my Authorized Messenger. Print Name of Authorized Messenger Address of Messenger _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____ Date of Birth (MM/DD/YYYY) ____/____/____			
Signature of Voter <span style="font-size: 2em; color: red;">X</span> _____		Date (MM/DD/YYYY) ____/____/____		



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 Mail-In Ballot directly to the voter and no other person, under penalty of law."**

Signature of Messenger \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_  
X

### OFFICE USE ONLY

Voter Reg #: \_\_\_\_\_  
 Muni. Code #: \_\_\_\_\_ Party: \_\_\_\_\_  
 Ward: \_\_\_\_\_ District: \_\_\_\_\_