OFFICIAL GENERAL ELECTION
NOVEMBER 3, 2026
VOTE BY MAIL
NOTICE TO PERSONS WANTING MAIL-IN BALLOTS

If you are a qualified and registered voter of the State who wants to vote by mail in the Official General Election to be held on November 3, 2026, the following applies:

You must complete the application form below and send it to the County Clerk where you reside or write or apply in person to the County Clerk where you reside to request a mail-in ballot. Instead, you may complete the application form electronically on the Secretary of State's website: www.elections.nj.gov.

The name, address, and signature of any person who has assisted you to complete the mail-in ballot application must be provided on the application, and you must sign and date the application.

No person may serve as an authorized messenger or bearer for more than three qualified voters in an election, but a person 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.

No person who is a candidate in the election for which the voter requests a mail-in ballot may provide any assistance in the completion of the ballot or serve as an authorized messenger or bearer.

A person who applies for a mail-in ballot must submit his or her application at least seven days before the election, but such person may request an application in person from the County Clerk up to 3 p.m. of the day before the election.

Voters who want to vote by mail in all future elections will, after their initial request and without further action on their part, be provided with a mail-in ballot until the voter requests otherwise in writing, or beginning with the 2020 general election cycle, if the voter does not vote by mail in four consecutive years, then the voter shall no longer be furnished with a mail-in ballot for future elections and the voter shall be notified in writing of the change.

Application forms may be obtained by applying to the undersigned either in writing or by telephone, or the application form provided below may be completed and forwarded to the undersigned. You can also download the application form at www.oceancountyclerk.com on the internet.

Dated: September 2, 2026

JOHN P. KELLY
COUNTY CLERK
COUNTY OF OCEAN
P.O. Box 2191, Room 115, Court House
Toms River, New Jersey 08754-2191
(732) 929-2153 **www.oceancountyclerk.com**
E-mail: jkelly@oceancountynj.gov

APPLICATION FOR VOTE BY MAIL BALLOT

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

1 **I hereby apply for a Mail-In Ballot for:**
(CHECK ONLY ONE)

☐ ALL FUTURE ELECTIONS, until I request otherwise in writing.

Or for ONLY ONE of the following: ☒ General (November)

☐ Primary (June) ☐ Municipal ☐ School ☐ Fire

☐ Special _____ To be held on 11 / 3 / 2026
(Specify) (MM / DD / YYYY)

MILITARY/OVERSEAS VOTER ONLY
I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am
(CHECK ONLY ONE)

☐ A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.
☐ A U.S. Citizen residing outside the U.S., and I intend to return.
☐ A U.S. Citizen residing outside the U.S., and I do not intend to return.
☐ A U.S. Citizen residing outside the U.S., and I have never lived in the U.S.

Please Note: Your ballot can only be sent to the mailing address supplied on this application. If your mailing address changes, you must notify the County Clerk in writing.

2 Last Name (Type or Print) | First Name (Type or Print) | Middle Name or Initial | Suffix (Jr., Sr., III)

3 **Address at which you are registered to vote**
Street Address or RD# | Apt. No.
Municipality (City/Town) | State | Zip Code

4 **Mail my ballot to the following address** ☐ Same Address as Section 3
Please include any PO Box, RD#, State/Province, Zip/Postal Code & Country (if outside US)

5 Date of Birth (MM/ DD /YYYY) / /

6 Day Time Phone Number ( )

7 E-Mail Address

PLEASE NOTE: This contact information will be used to contact you concerning the acceptance or rejection of your ballot and how you may cure a defect.

8 **Signature:** 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. X _____

9 Today's Date (MM/ DD /YYYY) / /

OPTIONAL - ONLY COMPLETE SECTIONS 10 OR 11 IF APPLICABLE

10 **Assistor:** ***Any person providing assistance to the voter in completing this application must complete this section.***

Name of Assistor: (Type or Print) | Signature of Assistor X | Date (MM/ DD /YYYY) / /

Address | Apt. No. | Municipality (City/Town) | State | Zip Code

11 **Authorized Messenger:** *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 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.**
Print Name of Authorized Messenger

Address of Messenger | Apt. No. | Municipality (City/Town) | State | Zip Code | Date of Birth (MM/ DD /YYYY) / /

Signature of Voter X _____ Date (MM/ DD /YYYY) / /

STOP 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 X _____ | Date (MM/ DD /YYYY) / /