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.

1	I hereby apply for a Mail-In Ballot for the July 7, 2020 Primary Election:												
	PLEASE NOTE: Your ballot can	only be	sent to the	e maili	ng ad	dress supp	lied on	this app	olicatio	on.			
2	Last Name (Type or Print) Fir			First Name (Type or Print)			Mid	Middle Name or Initial			Suffix (Jr., Sr., III)		
	Address at which you are registered to vote:						ballot to the following address:						
3	Street Address or RD#		Apt.		4	Please inclu	de						
J	Municipality (City/Town)	State	Zip		4	State/Proving Zip/Postal Co & Country (if outside U	ce, ode ——						
	In order to receive a ballot for	the Ju	 	Prim	arv E	<u> </u>		t declar	re one	of the	following		
5	In order to receive a ballot for the July 7, 2020 Primary Election you must declare one of the following Political Party Affiliations. Democratic Party Republican Party												
6	Date of Birth (MM / DD / YYYYY) / Day Time Phone Number () E-Mail Address (Optional)												
9	Signature: I affirm that I am the address designated in box 3 of this		who is app	olying fo	or this	ballot and I	live at t	he	10	Today's	s Date (MM/DD/YYYY)		
	OPTIONAL - O	NLY (COMPLE	TE S	ECT	IONS 11	OR 1	2 IF A	PPLI	CABL	E		
	Assistor: Any person provid	ling ass	istance to	the vo	oter in	completing	g this a	pplicati	on mu	st comp	olete this section.		
44	Name of Assistor (Type or Print)			Signature of Assistor							Date (MM / DD / YYYY)		
11				X							1 1		
	Address				Apt.	Municipa	ality (City/	Town)		State	Zip		
	Authorized Messenger Any voter may apply for a Mail-In B County. No Authorized Messenger of as messenger for more than THRE	allot by . can (1) b	e a Candida	ate in tl	he elec								
	I designate Print Name of Authorized Me						_ to b	to be my Authorized Messenger.					
	Address of Messenger	THIL NAME	Apt.	Munic	cipality	(City/Town)		State	Zip	Da	te of Birth (MM / DD / YYYYY)		
12	Signature of Voter X / / Date (MM/DD/YYYY)												
	Authorized Messenger must sign application and in the presence of the County Clerk or County C						OFFICE USE ONLY						
	"I do hereby certify that I will deliver the Mail-In the voter and no other person, under pensional Signature of Messenger							Voter Reg # Party					
	Χ				Ward District								

Name	 			
Street Address				

City, State, Zip Code



PLACE **POSTAGE** HERE **BEFORE** MAILING

APPLICATION FOR VOTE BY MAIL

Rita Marie Fulginiti **Cape May County Clerk** 7 N. Main Street P.O. Box 5000

Cape May Court House, NJ 08210-5000

County Commissioner of Registration.

In light of the ongoing novel coronavirus (COVID-19) pandemic

must complete this form to declare a party affiliation in order to obtain Election by completing and returning a Party Declaration Form to you the Democratic or Republican party to receive that Party's Vote by Mai Because New Jersey is a closed Primary Election state, in order to Ballot. You may return to an Unaffiliated status following the Primary receive a ballot, an Unaffiliated voter must choose to be affiliated with Unaffiliated voters currently registered to receive vote-by-mail ballots vote-by-mail ballot for the July 7, 2020 Primary Election

entitled to vote in the July 7, 2020 Primary Election

a registered Unaffiliated voter or a voter with an Inactive status that is

Primary Election. You are receiving this application because you are

Vote-by-Mail Ballot application for the upcoming July 7, 2020

voters and Inactive Democratic and Republican registered voters which requires the County Clerk to send all Unaffiliated registered Governor Murphy signed Executive Order No. 144 on May 15, 2020

INSTRUCTIONS

Fill out application.

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

Please DO NOT STAPLE this form. Seal with Tape and Return.

Unless you are a Military or Overseas Voter DO NOT FAX OR E-MAIL

PLEASE NOTE

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

person or via an authorized messenger during County Clerk's later than 7 days prior to the election, unless you apply This application must be received by the County Clerk no ffice hours, prior to 8 P.M. the day of the election WARNING

MAILING

RELOKE HERE

POSTAGE

PLACE

APPLICATION FOR VOTE BY MAIL BALLOT



Cape May Court House, NJ 08210-5000 P.O. Box 2000 7 N. Main Street Cape May County Clerk