

Dear Registered Voter:

Salem County is pleased to provide a Vote by Mail application for your use. If you would like to have a ballot mailed to you, please complete and return this application to the County Clerk's Office at the address attached. This application is being sent to you as a voting option for your convenience. Please note that postage has been pre-paid on this application for you, however, if you choose not to return it, postage will not be charged to the County.

After the County Clerk's Office receives your completed application, a ballot will be returned to you as soon as it is available. The postage for the return ballot will be paid for the Primary Election so that exercising your right to vote costs you nothing. The mailing deadline and other instructions can be found at the County Clerk's website at this link:

www.salemcountyclerk.org/election-services/frequentlyaskedquestions

Should you have any questions, please call this office at: 856-935-7510 x8454

Thank you for your attention.

Sincerely,



Dale A. Cross
Salem County Clerk

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.

Si desea recibir esta solicitud de Voto por Correo en español, visite el siguiente enlace: www.njelections.org Para obtener más información, llame a la Oficina del Secretario del Condado al 856-935-7510 x8454.

INSTRUCTIONS

- Complete 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 DO NOT STAPLE this form.
Seal with Tape and Return.**

DO NOT FAX OR E-MAIL

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.

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.



Name _____

Address _____

Municipality _____ State _____ Zip Code _____



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

POSTAGE WILL BE PAID BY ADDRESSEE

**APPLICATION FOR
VOTE BY MAIL BALLOT**

DALE A. CROSS
SALEM COUNTY CLERK
110 FIFTH ST STE 200
SALEM, NJ 08079-9801



PLEASE SEAL AND RETURN

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: <i>PLEASE NOTE: Your ballot can only be sent to the mailing address supplied on this application.</i>			
2	Last Name <small>(Type or Print)</small>	First Name <small>(Type or Print)</small>	Middle Name or Initial	Suffix (Jr., Sr., III)
3	Address at which you are registered to vote: Street Address or RD# _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____		4	Mail my ballot to the following address: <input type="checkbox"/> Same Address as Section 3 _____ <small>Please include any PO Box, RD#, State/Province, Zip/Postal Code & Country (if outside US)</small>
5	In order to receive a ballot for the July 7, 2020 Primary Election you must declare one of the following Political Party Affiliations. <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party			
6	Date of Birth <small>(MM / DD / YYYY)</small>	7	Day Time Phone Number <small>() _____</small>	8
9	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 _____		10	Today's Date <small>(MM / DD / YYYY)</small> / /

OPTIONAL - ONLY COMPLETE SECTIONS 11 OR 12 IF APPLICABLE

11	Assistor: Any person providing assistance to the voter in completing this application must complete this section.			
	Name of Assistor <small>(Type or Print)</small>	Signature of Assistor	Date <small>(MM / DD / YYYY)</small>	
		X	/ /	
	Address	Apt.	Municipality (City/Town)	State Zip

12	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 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.			
	Address of Messenger	Apt.	Municipality (City/Town)	State Zip Date of Birth <small>(MM / DD / YYYY)</small>
				/ /
	Signature of Voter X _____			Date <small>(MM / DD / YYYY)</small> / /

12	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> STOP Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee. </div> <p>“I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law.”</p> Signature of Messenger _____ Date <small>(MM / DD / YYYY)</small> / /
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OFFICE USE ONLY
Voter Reg # _____
Muni Code # _____ Party _____
Ward _____ District _____

THIS IS NOT A BALLOT.
IT IS AN APPLICATION FOR A BALLOT.



Dale A. Cross
 Salem County Clerk
 110 Fifth Street, Suite 200
 Salem, NJ 08079
 Return Service Requested



NON-PROFIT ORG.
 U.S. POSTAGE
 PAID
 Permit No. 1512
 New Brunswick, N.J.