

**APPLICATION FOR MILITARY SERVICE VOTER  
or  
APPLICATION BY RELATIVE OR FRIEND  
FOR A MILITARY SERVICE BALLOT**

Affix  
First Class  
Postage  
Here

The undersigned, residing at \_\_\_\_\_  
 \_\_\_\_\_  
Street and Number of R.D. Route  
 in \_\_\_\_\_  
Name of City or other Municipality  
 in the county of \_\_\_\_\_  
 in the state of \_\_\_\_\_  
 does hereby make application for a military service ballot to be  
 voted at the election to be held on \_\_\_\_\_  
Date of Election  
 for \_\_\_\_\_  
Name of Military Service Voter  
 Serial No. if in military service \_\_\_\_\_  
 whose home address is at \_\_\_\_\_  
Street and Number of R.D. Route  
 in \_\_\_\_\_  
Name of City or other Municipality  
 In the county of \_\_\_\_\_ In the state of New Jersey  
 and who is stationed or can be found at \_\_\_\_\_

He is of the age of 18 years, has resided in the State of New Jersey at least 30 days and in said county at least 30 days counting the times that he has been absent from the election district in which he resided because of the service, work, status or relationship in the category indicated below and I verily believe that he is qualified to vote as a military service voter in said election.

**(NOTE: MILITARY SERVICE VOTER CLAIMING MILITARY STATION AS HOME ADDRESS FOR VOTING PURPOSES MAY NOT USE MILITARY ABSENTEE BALLOT UNLESS REGISTERED TO VOTE IN THE MUNICIPALITY WHERE SUCH STATION IS LOCATED.)**

Place an (X) in the box preceding the applicable category below.

- (a) - A person in military service
- (b) - A spouse or dependent of a person in category (a)
- (c) - A patient in a veterans' hospital
- (d) - A civilian attached to or serving with the Armed Forces of the United States
- (e) - A spouse or dependent of and accompanying or residing with a person in category (d)

\_\_\_\_\_  
Print Signature                      Signature of Affiant or Military Service Voter

State of New Jersey:	
County of	ss.
The undersigned, being duly sworn on his oath according to law, says that the contents of the foregoing application are true. Sworn and subscribed to before me this _____ day of _____ A.D.	
_____ <small>Signature of Officer Authorized to Administer Oaths</small>	_____ <small>Signature of Affiant</small>
_____ <small>Title of Officer Taking Oath</small>	

**Only Relative or Friend need complete above affidavit.**



**MILITARY ABSENTEE BALLOT APPLICATION**

**To: EDWARD P. MC GETTIGAN  
 Atlantic County Clerk  
 5901 Main Street  
 Mays Landing, New Jersey 08330**

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

**- INSTRUCTIONS -**

1. Fill out application. Print and sign your name where indicated.
2. If applicant made by Relative or Friend of Military Service Voter, it must be subscribed and sworn to. If a Military Service Voter applies in person, application does not need to be subscribed and sworn to.
3. **Mail or Deliver** application to your County Clerk.

**- INFORMATION -**

1. Military Service Ballot must be received by the County Board of Elections before close of polls on Election Day (8:00 P.M.)
2. You will receive instructions with your Ballot.
3. The Military Service Voter may apply in person to the County Clerk to the close of Polls on Election Day (8:00 P.M.)
4. Your Ballot will be mailed on or after the 25th day prior to Election Day.
5. Do not submit more than one application for the same Election.
6. You must apply for an Absentee Ballot for each election.