



James N. Hogan
Gloucester County Clerk

Election Division
550 Grove Road

Heather L. Pool
Deputy County Clerk

COUNTY OF GLOUCESTER
OFFICE OF THE COUNTY CLERK

West Deptford, NJ 08066
(856) 384-4530

SECOND BALLOT REQUEST FORM

PLEASE NOTE: THIS FORM **ONLY** APPLIES IF A BALLOT HAS ALREADY BEEN MAILED

Name: _____

Address: _____

Mailing Address:
(if different than above) _____

Date of Birth: _____

Second Ballot Requested For: Fire Primary (June) General (November) School

Election date: _____

Reason for Second Ballot Request: Misplaced Destroyed/Spoiled Never Received Other

Signature of Voter: _____

Today's Date: _____

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 _____
Print Name of Authorized Messenger _____
Apt. _____ Municipality (City/Town) _____ State _____ Zip _____ Date of Birth (MM/DD/YYYY) _____/_____/_____

Signature of Voter **X** _____ 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 _____