

TO: JAMES N. HOGAN, GLOUCESTER COUNTY CLERK  
ELECTION DIVISION - 550 GROVE ROAD, WEST DEPTFORD, NJ 08066  
856-384-4530

I \_\_\_\_\_ HEREBY CERTIFY THAT I DID NOT RECEIVE OR  
VOTE A MAIL-IN BALLOT WHICH I REQUESTED FOR THE \_\_\_\_\_ ELECTION.

ADDRESS: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_ DOB: \_\_\_\_\_

SIGNATURE OF VOTER **X** \_\_\_\_\_ DATE \_\_\_\_\_

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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: \_\_\_\_\_ DOB: \_\_\_\_\_

SIGNATURE OF VOTER **X** \_\_\_\_\_ DATE \_\_\_\_\_

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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

/ /

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COUNTY CLERK LABEL