

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, except that an authorized messenger or bearer may serve as such for up to five qualified voters in an election if those voters are immediate family members residing in the same household as the messenger or bearer.

I designate _____ to be my Authorized Messenger.

Print Name of Authorized Messenger	
Address of Messenger	Apt. _____ Municipality (City/Town) _____
Signature of Voter	Date (MM / DD / YYYY) _____ / _____

X



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 _____