

NANCY J. PINKIN
County Clerk



Elections Division
732-745-4202

ZUSETTE DATO
Deputy County Clerk

Registry Division
732-745-3365

OFFICE OF THE COUNTY CLERK

Passport Division
732-745-3404

To the Clerk of Middlesex County:

I, the undersigned, request a replacement ballot for the following reason:

- I did not receive my ballot
- My ballot is torn, incorrectly marked or damaged
- My ballot is misplaced
- Other _____

Print Name _____

Address _____

City _____

Phone Number _____

Date of Birth _____

X _____ / ____ / ____
SIGNATURE 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.

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

You can send this form by
Mail: 75 Bayard St, P.O. Box 1110, New Brunswick, NJ 08903
Fax: (732) 745 - 3642
Email: middlesexvotes@co.middlesex.nj.us