

ELAINE M. FLYNN
County Clerk

ZUSETTE DATO
Deputy County Clerk



OFFICE OF THE COUNTY CLERK

Elections Division
732-745-4202

Registry Division
732-745-3365

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.

I designate _____ to be my Authorized Messenger.
Print Name of Authorized Messenger

Address of Messenger	Apt.	Municipality (City/Town)	State	Zip	Date of Birth / /
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Signature of Voter X _____ Date ____ / ____ / ____

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