



James N. Hogan  
Gloucester County Clerk

Election Division  
550 Grove Road

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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.

Address of Messenger	Apt.	Municipality (City/Town)	State	Zip	Date of Birth (MM/DD/YYYY)
_____	_____	_____	_____	_____	____/____/____

Signature of Voter \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

X \_\_\_\_\_ / /

**STOP** 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 \_\_\_\_\_