



COMMONWEALTH ELECTION COMMISSION  
**APPLICATION FOR ABSENTEE VOTING** (CNMI Registered Voters Only)

# 2019



**Section I. I hereby request Absentee Ballot for the following election:**

**Special Election**

**FOR OFFICIAL USE ONLY:**

**AFFIDAVIT NO:** \_\_\_\_\_ - \_\_\_\_\_

**PRECINCT:** \_\_\_\_\_

**Section II. Applicant's Information** (Print clearly in black/blue ink. Failure to complete all items will prevent acceptance of this application)

1	Last Four (4) Digits of Social Security Number XXX-XX- _____		2	Date of Birth ____ / ____ / ____		3	Gender (Circle One) <b>Male      Female</b>	
	Last Name			First Name			Middle	
4	Contact No.:		Email Address					
	Home:                      Business                      Other:							
5	Residential Address (CNMI-Village) (Must be completed, No P.O. Box or General Delivery)		Island		ZIP Code			
	Mailing Address (CNMI) (Street Address, P.O. Box or General Delivery)		Island		ZIP Code			
6	Reason for Absence							

**Section III. Please mail my ballot to:** (Print clearly in black/blue ink. Failure to complete all items will prevent acceptance of this application)

**General Election**

9	Name
10	Forwarding Address (Including zip Code)

**Section IV. I hereby affirm that: 1) I am the person named above; 2) I am requesting an absentee ballot for myself and no other; and 3) all information furnished on this application is true and correct.**

11	Signature of Applicant	Date
Witness Signature (required only if applicant makes a mark)		Date
Address of Witness		Contact No. of Witness

**Notice:** A Pursuant to CNMI Election Statute, the Commonwealth Election Commission may use this application to transfer a voter to the proper election precinct/district to correspond with the address given above.

**Official Use Only**

District/Precinct	Ballot Type	Ballot Mailed on (General):	By:	Ballot Received on:	By:
		Ballot Mailed on (Run-Off):	By:	Ballot Received on:	By:
Election Official Name/Signature				Remarks	