



COMMONWEALTH ELECTION COMMISSION
APPLICATION FOR ABSENTEE VOTING
(CNMI REGISTERED VOTERS ONLY)



Section 1 - I hereby request an Absentee Ballot for the following election:

Special Election – Year: _____

Section 2 - Applicant Information *(Application will not be accepted if all fields are not completed)*

1	Last Four (4) Digits of Social Security Number <p style="text-align: center;">XXX-XX-</p>	2	Date of Birth	3	Gender
4	Last Name	First Name		Middle Name	
5	Primary Phone	Secondary Phone	Other Phone	Email Address	
6	CNMI Residential Address <i>(No P.O. Box or General Delivery)</i>		Precinct (Village)	Island	Zip Code
7	CNMI Mailing Address <i>(Street Address, P.O. Box or General Delivery)</i>			Island	Zip Code
8	Reason for Absence				

Section 3 - Please mail my ballot to: *(Application will not be accepted if all fields are not completed)*

9	Name
10	Forwarding Address <i>(Including Zip Code)</i>

Section 4 - 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 in this application is true and correct.

11	Signature of Applicant	Date
	Signature of Witness <i>(required only if applicant is unable to sign and able to mark an 'X' or thumb print)</i>	Date
	Mailing Address of Witness	Witness Phone

NOTICE: Pursuant to the 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:	
Affidavit No.: _____ - _____			Precinct No:	