



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

2024



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

Special Election (Precinct 7 Voters Only)

FOR OFFICIAL USE ONLY:

Affidavit No: _____ - _____

Precinct No: _____

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) Male Female	
	Last Name			First Name			Middle	
4	Contact No.:				Email Address:			
	Home:		Business		Other:			
6	Residential Address (CNMI) (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	
7								
8	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	