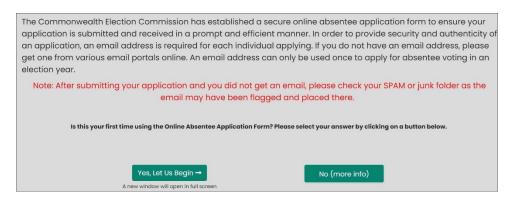


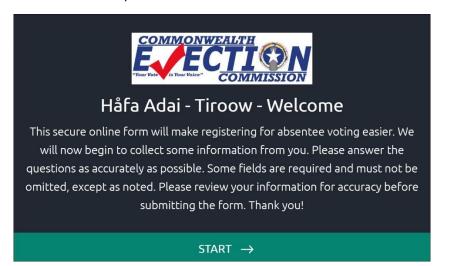
Online Absentee Application Guide

Although the online absentee application process is straightforward and asks the same questions as the physical form, a detailed guide below will assist you should you need any help.

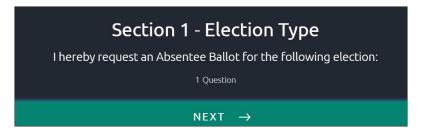
- Click or type this link in your browser's address bar to be taken directly to the application form <u>https://www.votecnmi.gov.mp/voter/online-absentee-application-form.php</u> Note: This link will not work until the absentee application opens.
- 2) You will see the image below. Read the information carefully. If this is your first time filling out the application, select the Let Us Begin button.



3) You will be taken to the introduction page as seen below. Your display will automatically expand to full screen for a better experience.



- 4) Click the **START** button at the bottom to start the application process.
- 5) You will see the next screen below. Click NEXT



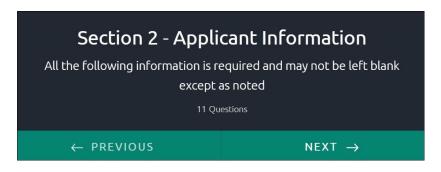
6) You will see the next screen below. General Election is automatically selected. Click NEXT.



7) You will see the next screen below. The election year is automatically set for you. Click NEXT.

	General Ele	ection Year*	
	Please enter the year	of the General Election	
2022			
← PREVIOUS			NEXT \rightarrow

8) You will see the next screen below. Please click NEXT.



9) You will see the next screen below. Please enter the **last 4 digits** of your social security number. *This is a required field and cannot be left blank.* Click **NEXT**.



10) You will see the next screen below. Enter your date of birth. You can pick your date by clicking on the calendar icon on the right or typing it in. **Example, 01/01/1970**. *This is a required field and cannot be left blank*. Click **NEXT**.

		Icon
	Date of Birth * Please enter your date of birth	
mm/dd/yyyy		
← PREVIOUS	This field is required.	NEXT \rightarrow

11) You will see the next screen below. Enter your gender. Click the down arrow to select your gender. Only accepts Male or Female. *This field is required and cannot be left blank*. Click **NEXT**.

	Gender* Please enter your gender	
\leftarrow previous	This field is required.	NEXT \rightarrow

Down arrow

12) You will see the next screen below. Enter your First, Middle, and Last name. *The First and Last names are required, while the Middle name is optional.* Click **NEXT**.

	Full Name* Please enter your full name		
<u>]</u>	Middle Name	Last Name	
First Name			
\leftarrow previous	This field is required.		NEXT \rightarrow

13) You will see the next screen below. Enter your **Primary** phone number. This is the number we will use to contact you should we need further information about your application. *This field is required and cannot be left blank*. Click **NEXT**.

	Primary Phone*	
Please enter your prima	ary phone number. This is the number we w	ill use to contact you.
()		
Please enter a valid phone number.		
- PREVIOUS	This field is required.	NEXT

14) You will see the next screen below. Enter your **Secondary** phone number. *This field is not required but an alternate phone number will be good if we cannot get in touch with you with your primary number.* Click **NEXT**.

Seconda	ry Phone
Please enter your secondary phone number. If	you don't have one, you can skip this question.
()	
Please enter a valid phone number.	
← PREVIOUS	NEXT \rightarrow

15) You will see the next screen below. Enter your **Other** phone number. *This field is not required but an alternate phone number will be good if we cannot get in touch with you with either your primary or secondary numbers.* Click **NEXT**.

Other	Phone
Please enter any other phone number. If yo	ou don't have one, you can skip this question.
()	
Please enter a valid phone number.	
← PREVIOUS	NEXT \rightarrow

16) You will see the next screen below. Enter your Email Address and click on the Send Verification Code button on the right. Once you enter your email address, the verification button will turn blue. Please make sure that your email address is correctly entered before you click on the button. To ensure that the address you entered is valid and working, a verification code will be sent to that address.

	Email Address*	r
	-	dress you specify. Please give it a few PAM or JUNK folder if you have not
seconds to arrive in your me	received it within one min	· · · · · · · · · · · · · · · · · · ·
usre@example.com		Send Verification Code
usre@example.com		Send Verification Code

17) Please check your email and look for an email from Jotform with the subject "Email Verification Code Regarding APPLICATION FOR ABSENTEE VOTING" scroll down and you will see a 4-digit

code. If you did not get the email and you are sure you entered your email address correctly, please check your SPAM or JUNK folder as it may have been flagged as such.

Enter that code in the box provided like in the image below. *The code will only work for 5* minutes and will expire if not validated within that timeframe. If that happens, you can resend the code by clicking the **RESEND CODE** link at the bottom.

le here					
		Email Address*			
A veri	ication email wi	ith a 4-digit code will be sent to the address you spec	cify. Please give it a	few	
sec	onds to arrive in	your inbox. Make sure to check your SPAM or JUNK f	folder if you have no	ot	
		received it within one minute.			
	The	verification code has been sent to user@amail.com	1		
		verification code has been sent to user@gmail.com k your mailbox and paste the code below to complet	All a second sec		
	Please chec		e verification		

Email A	ddress*
seconds to arrive in your inbox. Make sure to ch	nt to the address you specify. Please give it a few heck your SPAM or JUNK folder if you have not hin one minute.
user@gmail.com	
re@example.com	
PREVIOUS	NEXT -

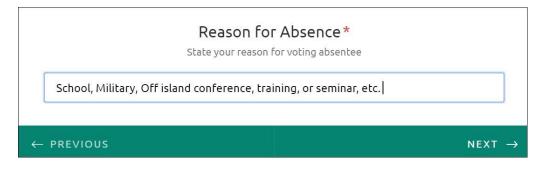
18) You will see the screen below. Enter your **CNMI Residential Address**. This is your physical address. Enter your street name only. No P.O. Box or General Delivery. *This field is required and cannot be left blank*. **Click NEXT.**

	dress (No P.O. Box or General ter your CNMI residential address only	Delivery)*
2022 Chalan Tun Joaquin Doi I	Road	
Street Address		
Saipan	2 (CK/Susupe)	•
Island	Precinct (Village)	
96950		
Zip Code	<i>i</i>	
← PREVIOUS		NEXT \rightarrow

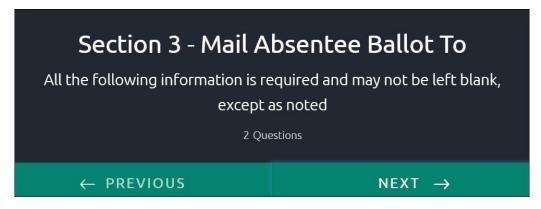
19) You will see the screen below. Enter your **Mailing Address**. This is the address where you receive your postal mail. *This field is required and cannot be left blank*. **Click NEXT.**

	NMI Mailing Address * ase enter your CNMI mailing address	
P.O. Box 123456		
Street Address, P.O. Box, or General Delivery		
Saipan	96950	
Island	Postal / Zip Code	
PREVIOUS		NEXT -

20) You will see the next screen below. Enter the **Reason for your Absence**. *This is a required field and cannot be left blank*. Click **NEXT**.



21) You will see the screen below. Click NEXT.



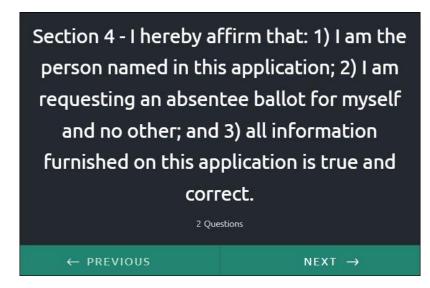
22) You will see the screen below. Enter your **Full Name**. This section has been automatically filled out from previous form data. *This is a required field and cannot be left blank*. Click **NEXT**.

Please enter your full r	Full Nam name. (Note: This form has bee	e * In pre-populated from previous n	ame data)
John		Doe	
First Name	Middle Name	Last Name	
\leftarrow previous			NEXT \rightarrow

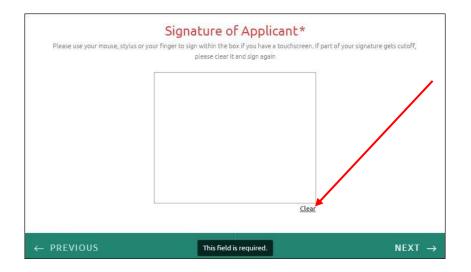
23) You will see the screen below. Enter your **Forwarding Address**. This is the address where you receive your postal mail in the state or country you currently live in. Click **NEXT**.

	Forwarding Address *	e sure
12345 South Brunswick Ave	there are no errors before proceeding	
Street Address, P.O. Box, or General Delivery		
Apt. #1232		
Apartment/Suite		
Honolulu	HI	
City	State/Province	
96814	United States	•
Zip Code	Country	
\leftarrow previous	NE	EXT →

24) You will see the screen below. Click NEXT.



25) You will see the screen below. Sign your application in the box provided. Please make sure you sign within the box. If you have a touchscreen, you can use a stylus or your index finger to sign, otherwise, use your mouse. If you make a mistake, you can start over by clearing the errored signature by clicking on the Clear (red arrow below) link at the bottom right corner of the signature box. This is a required field and cannot be left blank. Click NEXT.



26) You will see the screen below. Enter the date of signature. You can either write the date in the format mm/dd/YYYY (Example, 01/01/1970) or by clicking on the calendar icon on the right. This is a required field and cannot be left blank. Click NEXT.

	ate*	
	of signature	
08/06/2022		
ate Applicant Signed		
PREVIOUS		NEXT \rightarrow

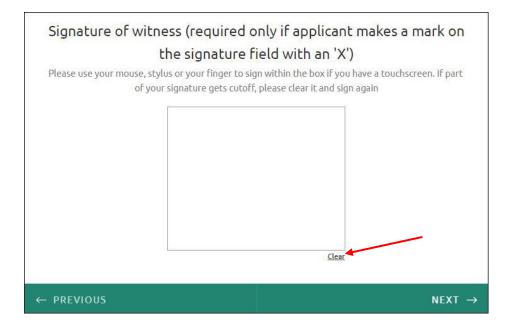
27) You will see the screen below. If you are not able to sign your application, you are required to have a witness sign for you if you mark the Signature box with an 'X' (no quotes). If this does not apply to you, skip the next few sections. Click NEXT.



28) You will see the screen below. To streamline this process, the witness section will be skipped if a witness is not required. Please select NO if you do not need a witness and you will be taken directly to the Signature Verification section. Select YES if you do and the witness questionnaire will follow after selecting YES.

Vou do, se	elect YES.	
, joo do, se		
YES	NO	

29) You will see the image below if you selected YES. Sign your application in the box provided. Please make sure you sign within the box. If you have a touchscreen, you can use a stylus or your index finger to sign, otherwise, use your mouse. If you make a mistake, you can start over by clearing the errored signature by clicking on the Clear (red arrow below) link at the bottom right corner of the signature box. This is a required field and cannot be left blank. Click NEXT.



30) You will see the screen below. Enter the **date of signature**. You can either write the date in the format mm/dd/YYYY (Example, 01/01/1970) or by clicking on the calendar icon on the right. *This is a required field and cannot be left blank*. Click **NEXT**.

	Date * Date of witness signature	
mm/dd/yyyy		
Date Witness Signed		
PREVIOUS	This field is required.	NEXT \rightarrow

31) You will see the image below. Enter **address** information of witness. *This is a required field and cannot be left blank*. Click **NEXT**.

	Address of Witness*	
	Current mailing address of witness	
Street Address, P.O. Box, or General Deli	verv	
Apartment/Suite		
City	State/Province	
Zip Code	United States	•
<u></u>	Country	
← PREVIOUS	This field is required.	NEXT -

32) You will see the image below. Enter the **primary phone** number of witness. *This is a required field and cannot be left blank.* Click **NEXT**.

Prim	nary phone number of witness Please enter a phone number of witness	*
Please enter a valid phone number.		
← PREVIOUS	This field is required.	NEXT \rightarrow

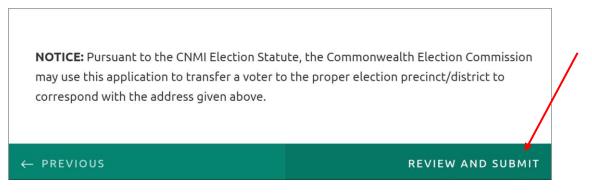
33) You will see the image below. Please upload. Please upload a photo of a picture identification document such as a driver's license or passport. If your signature and photo are not on the same page, you can take a picture separately. Click on the BROWSE FILES (see red arrow below) button on the right. A file dialog box will open. Please find the image(s) and select for upload. You can upload up to 4 images and JPG and PNG formats are only allowed. This is a required field and cannot be left blank.

Please upload an image of either a d	river's license or a passport where your na please upload yours instead of th	me and signature are clearly visible. If you are a witness, e applicant.
Drag and drop file: Max. file size: 10.0MB	s here	BROWSE FILES
PG and PNG file formats only, and you c	an unload up to 4 files	

34) Once you selected the file(s), you will see the image below. A blue circle with a checkmark (see red arrow below) indicates that everything is OK. *This is a required field and cannot be left blank*. Click **NEXT**.

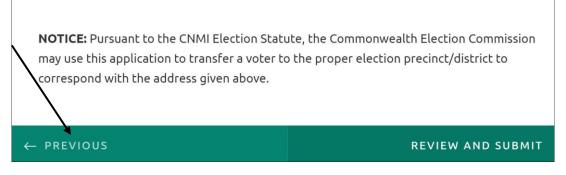
ase upload an image of either a driver's license or a passport where yo please upload yours instead	
Drag and drop files here Max. file size: 10.0MB	BROWSE FILES
sig-dsc.png 0.2MB	
G and PNG file formats only, and you can upload up to 4 files.	

35) You will see the image below. Click the **REVIEW AND SUBMIT** (red arrow) button on the low right-hand corner to review your answers. If everything looks good, click **SUBMIT** (yellow arrow).



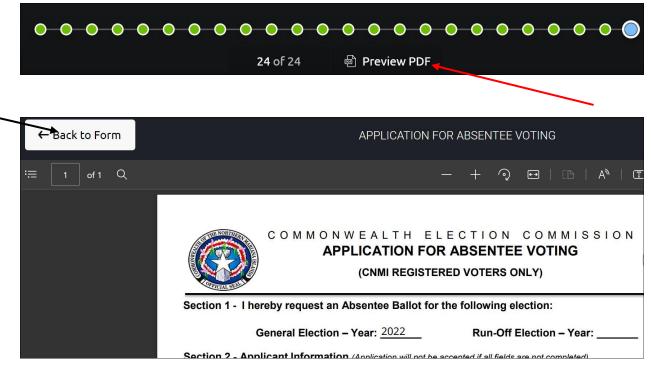
If you need to make changes, click **BACK TO FORM** (orange arrow) and go to the section where you need to make a change by clicking the **PREVIOUS** (black arrow) button.

APPLICATION FOR ABSENTEE VOTING 1. Please select an election type General Election	
2. General Election Year 2022	
3. Last 4 digits of your Social Security Number 2342	
4. Date of Birth 08/08/1980	/
5. Gender Male	
BACK TO FORM	SUBMIT



An alternate way to go to a section to make changes is in the navigation bar at the bottom (see image below). You can click on the green dots and the title of the section will show. Click on it and you will be taken directly to a section.

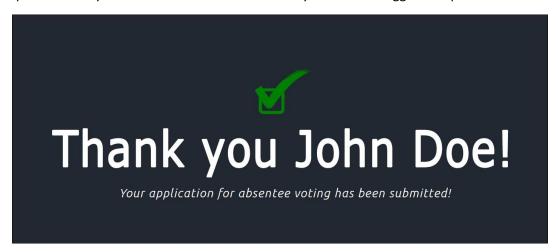
You can also preview your application by clicking on the **Preview PDF** link (red arrow). Click the **Back to Form** (see black arrow in the second image below) button on the top left-hand corner to go back to the form.



Once you are done making your change(s), click the **REVIEW AND SUBMIT** button again to review your answers. If everything looks good, click the **SUBMIT** button (red arrow on the image below) in the lower right-hand corner.

1. Please select an election type	
General Election	
2. General Election Year	
2022	
3. Last 4 digits of your Social Security Number	
2342	
4. Date of Birth	
4. Date of Birth 08/08/1980	

36) You will see the image below after your application is sent successfully to CEC. In a few minutes, you will receive an email from CEC that your application has been received. Your application is attached to this email. Please download it for your records. If you did not receive the email, please check your **SPAM** or **JUNK** folder as it may have been flagged and placed there.



37) If you have any questions after you submitted your application, please contact CEC on its website's Contact page, email at <u>absentee@votecnmi.gov.mp</u>, or by telephone at (670) 235-8683/8682/8685.