Election Official Name/Signature

Secti	on I. I hei	eby request Al	osentee Ballot for t	the foll	owin	g electio	on(s):				
	General E	lection	Run-Off Ele	ction (1	f Applic	able)	Special Elec	tion (If	Applicable)		
Sectio	on II. App	licant's Inform	ation (Print clearly in bl	ack/blue ir	ık. Fai	lure to comp	olete all items will pre	event accep	otance of this ap	plication)	
1	Last Four (4) Digits of Social Security Number Date of Birth						3	Gender (Circle One)			
1	XXX-XX-	xxx-xx /_			/				Male	Female	
4	Last Name				First Name			Middle			
_	Contact No.:					Is	sland		ZIP Code		
5	Home: Business Other:										
6	Residential Address (CNMI) (Must be completed, No P.O. Box or General Delivery)					Is	sland		ZIP Code		
7	Mailing Address (CNMI) (Street Address, P.O. Box or General Delivery)					Is	sland		ZIP Code		
8	Reason for Ab	sence									
Secti	on III. Ple	ease mail my ba	allot(s) to: (Print clear	lv in black	blue in	k. Failure to	complete all items w	ill prevent	acceptance of the	his application	
		ı/Special Electio		-			<b>on</b> (if mailing addre	-		• •	
	Name				Name						
9					11						
10	Forwarding Address (Including zip Code)				12	Forwarding	Forwarding Address (Including zip Code)				
			nat: 1) I am the pe Il information furn				-	_		e ballot f	
13	Signature of Applicant							Date			
Witness Signature (required only if applicant makes a mark)								Date			
Address of Witness						Contact No. of Witness					
			ion Statute, the Comr inct/district to corres					se this a	application t	o transfer	
Offica	l Use Only										
District/Precinct		Ballot Type	Ballot Mailed on (General): By:				Ballot Received on:		Ву:		
			Ballot Mailed on (Run-Off):	Ву:			Ballot Received on:		Ву:		

Remarks