



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

General Election
 Run-Off Election (If Applicable)
 Special Election (If Applicable)

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
4	Last Name	First Name	Middle		
5	Contact No.: Home: Business Other:	Island	ZIP Code		
6	Residential Address (CNMI) (Must be completed, No P.O. Box or General Delivery)	Island	ZIP Code		
7	Mailing Address (CNMI) (Street Address, P.O. Box or General Delivery)	Island	ZIP Code		
8	Reason for Absence				

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

General Election/Special Election

Run-Off Election (if mailing address is different for General Election)

9	Name	11	Name
10	Forwarding Address (Including zip Code)	12	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.

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

Notice: 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 Clerk/Worker				Remarks	