



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

2020



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

General Election

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
4	Last Name	First Name		Middle		
5	Contact No.:			Email Address:		
	Home:	Business	Other:			
6	Residential Address (CNMI) <i>(Must be completed, No P.O. Box or General Delivery)</i>			Island	ZIP Code	
	Mailing Address (CNMI) <i>(Street Address, P.O. Box or General Delivery)</i>			Island	ZIP Code	
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 <i>(required only if applicant makes a mark)</i>	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. **Please submit your absentee voter application in either of the following ways: 1) Email - cec@votecnmi.gov.mp, 2) Post Office Mail - Commonwealth Election Commission, P.O. Box 500470, Saipan, MP 96950, or 3) Fax - (670) 664-8689**

Official seal

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	