



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<br>XXX-XX- _____                 |  | 2        | Date of Birth<br>____ / ____ / ____ |   | 3 | Gender (Circle One)<br><b>Male</b> <b>Female</b> |  |          |
|   | 4   |  |          | Last Name                           |   |   | First Name                                       |  | Middle   |
| 5 | Contact No.:  |  |          |                                     | Email Address:  |   |  |  |          |
|   | Home:   |  | Business |                                     | Other:  |   |  |  |          |
| 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 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             |     |