

NANCY J. PINKIN  
County Clerk

DEBORAH G. BRAGA  
Deputy County Clerk



OFFICE OF THE COUNTY CLERK

Elections Division  
732-745-4202

Registry Division  
732-745-3365

Passport Division  
732-745-3404

To the Clerk of Middlesex County:

I, the undersigned, request a replacement ballot for the following reason:

- I did not receive my ballot
- My ballot is torn, incorrectly marked or damaged
- My ballot is misplaced
- Other \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE

DATE

**Authorized Messenger**

Any voter may apply for a Mail-in Ballot BY Authorized Messenger shall be a family member or a registered voter of this County. No authorize Messenger can (1) be a candidate in the election for which the voter is requesting a Mail-in Ballot or (2) serve as messenger for more than THREE qualified voters.

I designate \_\_\_\_\_ to be my Authorized Messenger.  
Print Name of Authorized Messenger

Address of messenger: Apt. Municipality (City, Town) State Zip Code Date of Birth  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of the Voter. X \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**STOP** Authorized Messenger must sign application  
And show photo ID in the presence of the  
County Clerk or County Clerk Designee.

**"I do hereby certify that I will deliver the Mail-In Ballot directly to  
the voter and no other person, under penalty of law"**

Signature of Messenger

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**You can send this form by**

\*Mail: MIDDLESEX COUNTY CLERK  
PO BOX 1110  
NEW BRUNSWICK, NJ 08903

\*Fax: (732) 745 - 3642

\*Email: [middlesexvotes@co.middlesex.nj.us](mailto:middlesexvotes@co.middlesex.nj.us)