

APPLICATION FOR ABSENTEE BALLOT

You are receiving this application for an absentee ballot because, due to COVID-19, the Secretary of the State has sent an application to every eligible voter. Pursuant to PA 20-3 July Spec. Sess., COVID-19 may be used as a valid reason for requesting a ballot.

Section I. – Applicant’s Information

Name: _____ Date of Birth _____

Home Address: _____ Zip Code _____
(Number, Street, Town)

Telephone No. _____ E-mail Address _____

Mailing Address: _____

(Use only if the mailing address is different from the address above.)

Section II. – Statement of Applicant - Required

I, the undersigned applicant, believe that I am eligible to vote at the election indicated above. Pursuant to Public Act 20-3 July Spec. Sess., I expect to be unable to appear at the polling place during the hours of voting and hereby apply for an absentee ballot: *(you MUST check one)*

- COVID-19 ► All voters are able to check this box, pursuant to Public Act 20-3 July Spec. Sess. ◀
- My active service in the Armed Forces of the United States
- My absence from the town during all of the hours of voting
- My illness
- My religious tenets forbid secular activity on the day of the election, primary or referendum
- My duties as a primary, election or referendum official at a polling place other than my own during all of the hours of voting
- My physical disability

For **Military Personnel** only, please indicate if you would like your absentee ballot sent to you electronically to the email address provided above (Yes ___ No ___)

Section III. – Applicant’s Declaration - Required

I declare, under the penalties of false statement in absentee balloting, that the above statements are true and correct, and that I am the applicant named above. *(Sign your legal name in full. If you are unable to write, you may authorize some one to write your name and the date in the spaces provided, followed by the word "by" and the signature of the authorized person. Such person must also complete section IV below.)*

Signature of Applicant: _____ Date Signed: _____

Section IV. – Declaration of person providing assistance *(Completed by any person who assists with completion of application)*

I sign this application under penalties of false statement in absentee balloting.

Signature: _____ Printed Name: _____ Tel. No: _____

Residence Address: _____

SPECIAL INSTRUCTIONS

Connecticut law allows you to receive an absentee ballot if you cannot appear at your assigned polling place on primary day because of active service in the Military, absence from the town during all of the hours of voting, illness, religious tenets forbid secular activity on the day of the primary, duties as a primary official at a polling place other than your own during all of the hours of voting, or physical disability. The State of Connecticut, via P.A. 20-3 July Spec. Sess. has determined that the existence of the COVID-19 virus allows you to vote by absentee ballot if you so choose for your own safety. **To receive your absentee ballot please complete and sign this application and return it to your Town Clerk using the enclosed postage prepaid envelope.** Your absentee ballot will be mailed to you beginning October 2, 2020.

***PLEASE NOTE: THAT BY USING THIS APPLICATION, YOU ARE RESPONSIBLE FOR MAILING IT TO THE TOWN CLERK, USING YOUR OWN ENVELOPE AND PROVIDING POSTAGE.**

SUSAN M. PAWLUK, TOWN CLERK
2725 MAIN STREET
ROOM 106
STRATFORD, CT 06615

For Municipal Clerk’s Use		
Outer Envelope Serial No.		
Date Forms Issued		
Check ▶	Mailed to Applicant <input type="checkbox"/>	Given to Applicant Personally <input type="checkbox"/>
Pol. Subdivision		Voting District No.