

**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 November 3, 2020 election 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 election 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 election, duties as an election 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.

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