

**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 in the state. Pursuant to Executive Order 7QQ, 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.)*

Date of Primary AUGUST 11, 2020 Republican \_\_\_\_ Democratic \_\_\_\_

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.

**Section II. – Statement of Applicant**

I, the undersigned applicant, believe that I am eligible to vote at the primary indicated above. Pursuant to Executive Order No. 7QQ, I expect to be unable to appear at the polling place during the hours of voting and hereby apply for an absentee ballot: *(check only one)*

- COVID-19 ▶ All voters are able to check this box, pursuant to Executive Order 7QQ ◀
- 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

**Section III. – Applicant’s Declaration**

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 Executive Order 7QQ, as interpreted by the Secretary of the State pursuant to CGS §9-3, has determined (1) that having a pre-existing illness allows you to vote by absentee ballot because your pre-existing illness would prevent you from appearing at your designed polling place or (2) that absent a widely available vaccine, 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 (be sure to check "illness" for reason (1) or "COVID-19" for reason (2) above) and return it to your Town Clerk using the enclosed postage prepaid envelope. Your absentee ballot will be mailed to you. If you do not receive your absentee ballot within one week contact your local Town Clerk's office.