MERIDEN

APPLICATION FOR ABSENTEE BALLOT

Pursuant to House Bill 1202 of the June Special Session 2021, COVID-19 may be used as a valid reason for requesting a ballot for any Primary, Election or Referendum held before November 3, 2021.

For Municipal Clerk's Use		
Outer Envelope Serial No.		
Date Forms Issued		
Check ▶	Mailed to Applicant ☐	Given to Applicant Personally ☐
Pol. Subdivision	Voting District No.	

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 Primary, Election or Referendum held in my municipality. 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 House Bill 1202 of the June Special Session 2021** ◀

☐ 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

OFFICE OF THE CITY CLERK
Denise L. Grandy
142 East Main Street
Meriden, CT 06450

**** FOR ELECTION (DATE _____)**

For **Referendum (***Date***_____) **For **Primary** (***Date***_____ / ***Party***_____)

For **Military/Overseas 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 House Bill 1202 of the June Special Session 2021, 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.