Section II. – Delivery of Absentee Ballot The set of absentee voting forms shall be: (check only one)		pe Seri:	erk's Use	
Home Address: Zip Code  (Number, Street, Town)  Telephone No. E-mail Address  Section II. – Delivery of Absentee Ballot  The set of absentee voting forms shall be: (check only one)  □ Given to me personally (You must apply in person; forms will not be mailed to you)  Dat	er Envelo	pe Seri:	erk's Use	
Home Address: Zip Code  (Number, Street, Town)  Telephone No. E-mail Address  Section II. – Delivery of Absentee Ballot  The set of absentee voting forms shall be: (check only one)  □ Given to me personally (You must apply in person; forms will not be mailed to you)  Dat	er Envelo	pe Seri:	erk's Use	
Telephone No E-mail Address	er Envelo	pe Seri:	erk's Use	
Section II. – Delivery of Absentee Ballot  The set of absentee voting forms shall be: (check only one)  U Given to me personally (You must apply in person; forms will not be mailed to you)  Dat	er Envelo	pe Seri:	erk's Use	
The set of absentee voting forms shall be: (check only one)  ☐ Given to me personally (You must apply in person; forms will not be mailed to you)  ☐ Dat				
☐ Given to me personally (You must apply in person; forms will not be mailed to you)  Dat	e Forms I		Outer Envelope Serial No.	
	e Forms I	Date Forms Issued		
Ti wanted to the personally at the following address:				
Mulling Address			T	
Che Che		iled to	Given to	
(Use only if the mailing address is different from the address above.)	Ap	plicant	Applicant	
☐ Supervised Ballot (Check this box if you live in an institution where supervised balloting will be conducted)			Personally	
☐ E-mailed to be at the following address (Section V applications only)				
☐ E-mailed to be at the following address (Accessible ballot only)  Pol.	Subdivision	Votin	g District No.	
The state of the s				
Section III. – Purpose of Application				
A. This application is for: (Check only one) Election Primary Referendum				
P. Date of Flaction Primary or Peferendum				
C. For Primary only, specify which party in which the application is qualified to vote				
I, the undersigned applicant believe that I am, or will be, eligible to vote at the election, primary or referendum indicated about appear at the polling place on the day of such event for the reason below: (Check only one).  □ My active service in the Armed Forces of the United States  □ My absence from my town of residence  □ Sickness  □ 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 voti  □ Physical disability				
Section V. (This section to be used by Members of the Armed Forces and Electors Temporarily Residing Overs $\sqcup$ I am a member of the armed forces or the spouse or dependent living where such member is stationed who, due to militar time to vote by absentee ballot. I therefore request that a blank absentee ballot be issued to me beginning 90 days before the $\sqcup$ I am an elector of the above municipality who is (1) temporarily living or expects to be living or traveling outside the term before and on election day or (2) a member of the armed forces or the spouse or dependent living where such member is st absentee ballot, together with a complete list of candidates and questions be issued to me (45 days before an election) municipal clerk after the time of availability of regular absentee ballots, I understand that I will be sent a regular ballot with	y continger regular elec- torial limit ationed, an ). If this ap	tion. s of the I d request plication	United States that a blank reaches the	
Section VI. – 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 (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 provide the signature of the authorized person. Such person must also complete section VII below.)				
Signature of Applicant: Date Signed:				
Section VII. – Declaration of person providing assistance (Completed by any person who assists with completion of applied I sign this application under penalties of false statement in absentee balloting.	cation)			
Signature: Printed Name: Tel. No:				

Penalties for False Statements A person is guilty of false statement in absentee balloting when he intentionally makes a false written statement in or on or signs the name of another person to the application for an absentee ballot or the inner envelope accompanying any such ballot, which he does not believe to be true and which statement or signature is intended to mistead a public servant in the performance of his official function. False statement in absentee balloting is a class D felony. The sentence for a class D felony shall be at least one year but may not exceed five years in prison. A fine for the conviction of a class D felony shall not exceed five thousand dollars.

This application is to be returned to municipal clerk of municipality in which you are a registered voter. Absentee ballot sets are to be provided by the municipal clerk beginning 31 days before a election, 21 days before a primary, or 19 days before a regular election and to Connecticut electors temporarily residing outside the U.S. and all military persons beginning 45 days before a regular election, primary and special election

Return this completed application to your municipal clerk. If you return electronically, you must also return this completed application with your original signature to the clerk, either separately or with your absentee ballot. If your application with your original signature is not received by the close of the polls on the day of the election, primary or referendum, your absentee ballot will not be counted.