



**ABSENTEE VOTE
ADMINISTRATIVE BOARD**
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FOR JAVA USE ONLY				
Número de Control:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estatus:	<input type="text"/>	<input type="text"/>		
Precinto:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Unidad:	<input type="text"/>	<input type="text"/>		

**REQUEST FOR EARLY VOTE
SENATOR AT LARGE
BARRANQUITAS MAYOR SPECIAL ELECTION
NEW PROGRESSIVE PARTY (PNP)**

PLEASE PRINT

Electoral Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last Name

Surname

First Name

Middle Initial

Birth Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Gender

F M

Birth Place

Person with disabilities

Blind
 Other: _____

Father / Mother's name

Mother / Father's name

Residential Address

Street, lot, building number, apartment, or unit

Place, or community

Municipality

Postal Address

Street, lot, building number, apartment, or unit;
PO Box, HC o RR

Place, or community

Municipality

Zip Code + 4

Cell Phone

 ()

Residential Phone

 ()

E-mail

I affirm that I am unable to vote at the polling station where I am enrolled because I will be assigned to essential functions on Sunday November 10, 2019 as:

- | | |
|---|---|
| <p><input type="checkbox"/> A Commission Member, CEE employee, or Commissioner legal advisor
Office: _____
Polling place: <input type="checkbox"/> CEE <input type="checkbox"/> Electoral district (precinct)</p> <p><input type="checkbox"/> B Person working in the process for one of the certified status representative</p> <p><input type="checkbox"/> C Puerto Rico Police Officer</p> <p><input type="checkbox"/> D Municipal Police Officer</p> <p><input type="checkbox"/> E Fireman</p> | <p><input type="checkbox"/> F Custody Officer of the Correctional Administration Institution: _____</p> <p><input type="checkbox"/> G Juvenile Services Officer of the Juvenile Correction Administration Institution: _____</p> <p><input type="checkbox"/> H Journalist or photojournalist accredited by the State Department
Athletes or member of sports teams affiliated to a sport federation recognized by the Recreation State Department</p> <p><input type="checkbox"/> I Professional within a term not to exceed fifteen (15) days before election day that will be outside of Puerto Rico on business**</p> <p><input type="checkbox"/> K Health Professional, health employee</p> <p>OTHERS _____
#</p> |
|---|---|

Date

Applicant's Signature

THIS APPLICATION MUST BE DELIVERED TO THE CEE BY: October 18, 2019