

## ABSENTEE VOTE & ADVANCE VOTE ADMINISTRATIVE BOARD

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|-----------------------|--|--|--|--|--|--|--|--|--|--|
| Número de<br>Control: |  |  |  |  |  |  |  |  |  |  |
| Estatus:              |  |  |  |  |  |  |  |  |  |  |
| Precinto:             |  |  |  |  |  |  |  |  |  |  |
| Unidad:               |  |  |  |  |  |  |  |  |  |  |

## REQUEST FOR ADVANCE VOTE

| PLEASE  | PRINT   |           |           |          | ΚĽ            | ±QUE3 I                      | FUKA           | DVA  | NCE VOIE   |            |                 |             |           |  |
|---|---|-----------|-----------|----------|---------------|------------------------------|----------------|--|--|------------|-----------------|-------------|-----------|--|
|   |   |           |           |          |               | ٦                            |                |  |  |            |                 |             |           |  |
|   |   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |
| Last Na   | me  |           |           |          |               |                              |                | Mothe  | r's Maiden Name  |            |                 |             |           |  |
|   |   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |
| First Na  | ime   |           |           |          |               |                              | Middle Initial | Birth  | Date   |            |                 | Gen         | der       |  |
|   |   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |
| Birth Place   |   |           |           |          |               |                              | Perso          | Day Month n with disabilities                |  | Year       | F               | М           |           |  |
| DITUI FIACE   |   |           |           |          |               |                              |                | Blind  |  |            |                 |             |           |  |
|   |   |           |           |          |               |                              |                | Other:                                       |  |            |                 |             |           |  |
| Father's name   |   |           |           |          |               |                              | Mothe          | r's name                                     |  |            |                 |             |           |  |
|   |   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |
| Resider   | ntial Address   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |
| Street. lot, building number, apartment, or unit      |   |           |           |          |               |                              |                | Place, c                                     | or community   |            |                 |             |           |  |
|   |   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |
| Municipali  | ity   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |
|   |   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |
| Postal A  | Address   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |
| Street. lot<br>PO Box, H                              | , building number, a  | partment, | or unit;  |          |               |                              |                | Place, c                                     | or community   |            |                 |             |           |  |
|   |   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |
| Municipali  | ity   |           |           |          |               | Zip Code + 4                 |                | ·  |  |            |                 |             |           |  |
|   |   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |
| Cell Pho  | one   |           |           | Reside   | ential F      | <br>Phone                    |                | E-ma   | <br>ail  |            |                 |             |           |  |
| (   | 1   |           |           | 1        | ١             |                              |                |  |  |            |                 |             |           |  |
| \ /   | <u>'</u>  |           |           | \        | /             |                              |                |  |  |            |                 |             |           |  |
|   |   |           |           |          |               |                              |                |  | ise I will be assigned   | d to esse  | ntial duties    | on the da   | ay of the |  |
| Demo  | cratic Presid   | entiai F  | rimary or | n warch  | 1 29, .       | 2020 for the                 | e tollowing re | eason:                                       |  |            |                 |             |           |  |
| ☐ A Commission member, Commission employee, including |   |           |           |          |               | •                            |                | Inmate in a penal institution in Puerto Rico |  |            |                 |             |           |  |
|   | Permanent Registration Board (JIP, Spanish acronym)   |           |           |          |               |                              | • ,            |  |  |            | the Puerto      | Rico Juve   | nile      |  |
|   | assigned to essential duties on the day of the Democratic<br>Primary, or legal advisors of a Commissioner |           |           |          |               |                              | ocratic        |  | Institution Administ   |            |                 |             |           |  |
|   | •   | •         |           |          |               | 5101101                      |                | □м   | Center: M Person who has attained the age of 18 by November 3, |            |                 |             |           |  |
| □В  | Person wor  | king in   | the Dem   | ocratic  | Prima         | ary, as certif               | fied by        |  | 2020, and is under the custody of the Puerto Rico              |            |                 |             |           |  |
| the Chairman of the Democratic Party of Puerto Rico   |   |           |           |          |               | 00                           |                | Juvenile Institution                         |  |            |                 |             |           |  |
|   | Local Com   |           |           | ne Elect | oral [        | District:                    |                |  | Facility:  |            |                 |             | _         |  |
|   | Presiden  |           |           | uirad ta | nrov <i>i</i> | ido toobnios                 | al and         | □ N  | !  | •          | •               |             | noorotio  |  |
| <b>□</b> D  |   |           |           |          |               | ide technica<br>c Primary da |                |  | essential services of Primary and presential                   | •          | •               | n the Den   | iocialic  |  |
| ΠE  |   |           |           |          |               | cted by the C                | •              | <b>0</b>                                     |  | -          |                 | ov the Pue  | erto      |  |
|   |   | •         |           |          |               | ort services o               |                |  | Rico Department o  |            |                 | •           |           |  |
|   | the Democ   |           |           | •        |               |                              |                |  | or a media outlet o  |            | of the Den      | nocratic Pr | rimary,   |  |
| □F  | ☐ F Judge of the Court of First Instance or of the Court of   |           |           |          |               |                              |                |  | and presents proof   |            | ort to am affil | iotad ta a  |           |  |
| Appeals appointed by the Supreme Court to hear cases  |   |           |           |          |               | ases                         | ☐ P            | Athlete, or member sport federation re-      | =  |            |                 |             |           |  |
| □G  | related to the voting process  G Puerto Rico Police officer*  |           |           |          |               |                              |                |  | Department of Rec  | •          | •               |             |           |  |
| □Н  |   |           |           |          |               |                              |                |  | participating in a sp  |            | •               |             | Puerto    |  |
|   | •   |           |           |          |               |                              |                |  | Rico on the day of   |            |                 |             |           |  |
| ☐ J Custody Officer of the Puerto Rico Correction     |   |           |           |          |               |                              | <b>□</b> Q     |  |  |            |                 |             |           |  |
| Administration* Institution:                          |   |           |           |          |               |                              |                | day of the Democra                           |  | •          |                 | his         |           |  |
|   | institution:  |           |           |          |               |                              |                |  | or her right to vote   | me day t   | belore the p    | ппагу       |           |  |
|   | *The v  | oters i   | n categor | ies G. H | , I, J a      | and L only if                | f on dutv du   | ring the                                     | hours in which the vo  | oting prod | cess takes r    | olace       |           |  |
|   | 0   | n the d   | ay of the | Democr   | atic I        | Presidential                 | Primary and    | who ar                                       | e not on leave by thei   | ir respect | ive agency.     |             |           |  |
|   |   |           |           |          |               |                              |                |  |  |            |                 |             |           |  |

Date Applicant's Signature