



PUERTO RICO STATE ELECTION COMMISSION
Absentee and Early Voting Administrative Board
DEMOCRATIC PRESIDENTIAL PRIMARY 2024

Status: _____

Precinct: _____

ADVANCE VOTING BY MAIL APPLICATION

PLEASE PRINT AND COMPLETE THE APPLICATION IN ITS ENTIRETY.

ELECTORAL NUMBER	NAME	INITIAL
<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	MOTHER'S LAST NAME	
<input type="text"/>	<input type="text"/>	
SOCIAL SECURITY LAST 4 DIGITS	DATE OF BIRTH	SEX
<input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> AÑO <input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M
		TWIN <input type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF BIRTH	DISABILITIES	
<input type="text"/>	<input type="checkbox"/> BLIND <input type="checkbox"/> Braille Ballot Request	
	<input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Vote by phone	
FATHER'S NAME	MOTHER'S NAME	
<input type="text"/>	<input type="text"/>	
HOME ADDRESS IN PUERTO RICO		
<small>STREET LOT, BUILDING, PLACE or COMMUNITY NAME, PO BOX, HC or RR</small>	<small>STREET, BUILDING, HOME or APT. NUMBER</small>	
<input type="text"/>	<input type="text"/>	
MUNICIPALITY	ZIPCODE +4	
<input type="text"/>	<input type="text"/>	
MAILING ADDRESS WHERE YOU WOULD LIKE TO RECEIVE YOUR BALLOT		
<small>STREET LOT, BUILDING, PLACE or COMMUNITY NAME, PO BOX, HC or RR</small>	<small>STREET, BUILDING, HOME or APT. NUMBER</small>	
<input type="text"/>	<input type="text"/>	
MUNICIPALITY	ZIPCODE + 4	CELL PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
		HOME PHONE NUMBER
		<input type="text"/>
EMAIL ADDRESS WHERE YOU WOULD LIKE TO RECEIVE YOUR BALLOT		
<input type="text"/>		

INSTRUCTIONS: PLEASE CHOOSE THE CATEGORY TO WHICH YOU BELONG AND THE METHOD IN WHICH YOU WILL EXERCISE YOUR RIGHT TO VOTE. SELECT ONLY ONE (1) CATEGORY AND VOTING METHOD.

- A. Puerto Rico State Election Commission employee. Office: _____
 Mailing Address
 Email
- B. Registration Official. Precinct: _____
 Mailing Address
 Email
- C. Local Commissioner (or Alternate). Precinct: _____
 Mailing Address
 Email
- D. Chair of a Local Commission (or Alternate Chair) Precinct: _____
 Mailing Address
 Email
- E. Candidate Voter – Any voter who is a Democratic Primary Aspirant or Candidate.
 Mailing Address
 Email

CONTINUES ON THE NEXT PAGE



- F. Voter at Work** – Any voter who is a public, private, or self-employed worker and affirms that will need to be at their workplace in Puerto Rico, and it is located outside of his domicile.
- Mailing Address
 Email
- G. Traveling Voter** – Any voter who, after the deadline for submitting Absentee or Early Voting application, but before the day of voting event, became aware that they will be physically outside of Puerto Rico for any reason on the day of the election.
- Mailing Address
 Email
- H. Hospitalized Voter** – Any who is confined as a patient in a hospital or long-term health care facility.
- Mailing Address
 Email
- I. Voter with sixty (60) years of age or older**
- Mailing Address
 Email
- J. Sole Caregiver Voter** – Any voter who is the only person available in the family unit to care for children younger than fourteen (14) years of age, persons with disabilities, or bedridden patients at home.
- Mailing Address
 Email
- K. Voter with Disabilities** – Any voter with a physical disability or who is blind and who, within fifty (50) days prior to a voting event, and on the voting event day, has been and shall continue to be bound to a wheelchair, crutches, or mobility devices and aids; or that evidently has limited mobility in his legs, even though he does not use a mobility device.
- Mailing Address
 Email
- L. Voter with Easy Access Voting at Home** – Any voter with disabilities of obvious mobility limitations, or bedridden with any type of medical condition that prevents them from attending their polling place.
- Mailing Address
 Email
- M. Voter with eighty (80) years of age or older**
- Mailing Address
 Email
- N. Voter in Residential Housing** – Any voter with special conditions who are residents in these places, even if it is not the domicile reported in their voter registration.
- Mailing Address
 Email

I swear or affirm that I am submitting this Early Voting application because I am registered and active voter in the General Registry of Voters of Puerto Rico; that I am domiciled in Puerto Rico; and I meet the requirements of the categories of voters eligible for Early Voting in the next electoral event. I affirm that all the information included in my Early Voting application is true and correct. I am aware that falsifying the information I voluntarily affirm in the application could result in the loss of my opportunity to vote, the non-adjudication of my vote, or the imposition of penalties under the Puerto Rico Election Code of 2020.

APPLICANT'S SIGNATURE

WITNESS SIGNATURE (IF THE APPLICANT CANNOT SIGN)

DATE

I AFFIRM THAT I SIGN AS A WITNESS BECAUSE THE APPLICANT CANNOT SIGN.

This application must be filed by **March 9, 2024**.
 It must be submitted at the CEE offices or JIPs or by email: java@cee.pr.gov

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