



**ABSENTEE AND EARLY VOTE
ADMINISTRATIVE BOARD**
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FOR JAVA OR JIP USE ONLY				
Control Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Status:	<input type="text"/>	<input type="text"/>		
Precinct:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Unit:	<input type="text"/>	<input type="text"/>		
Approval Pending:	<input type="text"/>			Final: <input type="text"/>

HANDWRITING

**REQUEST FOR EARLY VOTE
SPECIAL ELECTION FOR PUERTO
RICO CONGRESSIONAL
DELEGATES**

(Register Early Vote Closing – Saturday, March 27, 2021)

Electoral ID 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

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day	Month	Year	F	M	Yes	No

Birth Place

Person with disabilities

☐ Blind ☐ Other: _____

Father / Mother's name

Mother / Father's name

Home Address

Street, lot, building number, apartment, or unit

Place, or community

Municipality

Last 4 digits Social Security Number

Postal Address

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

Place, or community

Municipality

Zip Code + 4

Mobile Phone

()

Home Phone

()

E-mail

I affirm that I am unable to vote at the polling station where I am registered, because I will be assigned on indispensable duties or in compliance of the exceptions given by the law.

Instructions:

Choose the category to which you belong and then the way you will vote: Mail, Precinct Vote or CEE. You may only choose one (1) category and one (1) voting method.

- ☐ A Commission Member, CEE employee, or Commissioner legal advisor. Office: _____
Preferred Polling place: ☐ CEE ☐ Precint
- ☐ B Person working in the Special Election for one of the certified Candidates.
Preferred Polling place: ☐ CEE ☐ Precint
- ☐ C Enrollment officer for the precinct:
Preferred Polling place: ☐ CEE ☐ Precint
- ☐ D President of Local Commission: ☐ Principal ☐ Alternate
Preferred Polling Place: ☐Precinct ☐ Mail
- ☐ E Local Commissioner for the precinct: ☐ Principal ☐Alternate
Preferred Polling place: ☐ CEE ☐ Precint
- ☐ F Work Voter – Any voter who is a public employee, private employee or self-employed who states that his or her to be in his or her employment center within Puerto Rico is located outside his/her domicile area.
Preferred Polling place: ☐ CEE ☐ Precint
- ☐ G Candidate Voter – Any voter who is a Candidate or Elective Candidate at the election event.
Preferred Polling place: ☐ CEE ☐ Precint
- ☐ H Travel Voter – Any voter who, after the term to submit Absent or Early Vote application, becomes aware that he or she will be physically outside Puerto Rico for any reason on election day, and became aware before election day. **Dateline to submit application is May 3rd, 2021.**
Preferred Polling place: ☐ CEE ☐ Precint
- ☐ I Hospitalized Voter – Any voter who will be admitted in the election day as a patient in a hospital institution, long-term treatment or health care institution.
Preferred Polling place: ☐ CEE ☐ Precint
- ☐ J Voter Over sixty (60) years old
Preferred Polling place: ☐ CEE ☐ Precint
- ☐ K Confined Voter – All voters imprisoned in a penal institutions or youth institutions in Puerto Rico.
Preferred Polling place: ☐ CEE ☐ Precint

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<input type="checkbox"/> L Accessible voting at home or Voting Center	
<input type="checkbox"/> L1	Physical Impair Voter – Any voter with physical or visual impairment who, during the fifty (50) days prior to and until the election day, has been and will continue to use a wheeled chair, crutches, equipment necessary for mobility; or has obvious limitations to move around with or without on equipment. Preferred Polling place: <input type="checkbox"/> CEE <input type="checkbox"/> Precint
<input type="checkbox"/> L2	Easy Home Access Voting Voter – Any voter with a disability or an obvious moving limitations or bedridden or any type of medical condition that prevents them from attending the voting center, or any voter who is eighty (80) years of age or older. Preferred Polling place: <input type="checkbox"/> CEE <input type="checkbox"/> Precint
<input type="checkbox"/> L3	Voter at a home or residential care – All voters with special conditions who resides in these places but is not his/her register domicile for electoral register. Preferred Polling place: <input type="checkbox"/> CEE <input type="checkbox"/> Precint
<input type="checkbox"/> L4	Only caregiver – A voter who is the only person available in the family unit for the care of children under the age of fourteen (14) years, persons with disabilities or people who are bedridden at home. Preferred Polling place: <input type="checkbox"/> CEE <input type="checkbox"/> Precint
Name: _____ Relationship: _____ Electoral ID Number: _____	
<p>"I swear (or declare) that I file this Early Voting Application because I am a registered and active voter in the General Register of Voters of Puerto Rico; and I comply with all requirements for the voter's categories eligible for early vote of the next electoral event. I affirm that all the information I include in my Early Voting Application is true and correct. I am aware that falsifying information stated by me voluntarily in this application could represent the loss of my voting opportunity, the non-adjudication of my vote, or the imposition of penalties under the 2020 Puerto Rico Election Code."</p> <div><div>_____ Applicant's Signature or Mark</div><div>_____ Witness Signature (in case the applicant not sign)</div></div> <p>Date:_____ I declare that I sign as witness of this request because the applicant is unable to sign.</p>	
<p>Local Commission Verification:</p> <div><input type="checkbox"/> It is authorized to record the request transaction accessible voting at home.</div> <div><input type="checkbox"/> It is authorized to record the request transaction accessible voting at home after that:</div> <div><div><input type="checkbox"/> Enroll the applicant</div><div><input type="checkbox"/> Reactivate, transfer or relocate to an electoral unit</div></div> <div><input type="checkbox"/> Correct deficiencies on the application</div> <p>Note: This request will be sent to JAVA A by FAX to (787) -777- 8358, (787) 294 -3120 o (787) 777 - 4075 once recorded.</p>	

Local Commission Certification

_____ Local Commission President Signature	_____ First Party Commissioner Signature
_____ Second Party Commissioner Signature	_____ Third Party Commissioner Signature
_____ Fourth Party Commissioner Signature	_____ Fifth Party Commissioner Signature

**THIS APPLICATION MUST BE DELIVERED TO JAVA A OR JIP BY:
Saturday, March 27, 2021**