

Cómo remediar una solicitud de voto por correo rechazada

¡Si tu solicitud de voto por correo ha sido rechazada por cualquiera de estas razones, sigue estos pasos para asegurar que recibes tu boleta por correo!

Razón 1: Hubo un problema con tu dirección

(Sección #3 en el formulario)

Llama a tu condado y pregunta cuál es el problema con la dirección que enviaste. Intenta resolver el problema por teléfono. Si no es posible, o no puedes contactar con la oficina del condado, rellena y envía otra solicitud.

Razón 2: No seleccionaste un partido (requerido únicamente en la segunda vuelta de las elecciones primarias el 11 de agosto del 2020)

(Sección #5 en el formulario)

Llama a tu condado y pregunta si aceptan tu selección de partido por teléfono. Si no puedes contactar con la oficina del condado, o si no aceptan este cambio por teléfono, rellena otra solicitud.


Razón 3: Olvidaste firmar la solicitud

(Secciones #7 o #8 en el formulario)

Tendrás que rellenar otra solicitud.

Puedes encontrar la información de contacto de la oficina de tu condado en voyavotar.com.
Obtén una nueva solicitud para votar por correo [aquí](#).

La fecha límite para remediar tu solicitud es el viernes anterior al día de las elecciones, pero te recomendamos que lo hagas diez días antes del día de las elecciones.

 APPLICATION FOR OFFICIAL ABSENTEE BALLOT	
PLEASE PRINT (Failure to fill out the form completely could delay your application) Date of Primary, Election, or Runoff: (MM/DD/YYYY) _____	
Voter name	1 First: _____ Middle: _____ Last: _____ Suffix: _____
Permanent address on file with county election office <small>This is the address at which you are registered OR the mailing address you have given your county elections office. Your ballot will be sent here unless you provide a valid address in Section 3.</small>	2 Street: _____ City: _____ Zip: _____ County: _____
Temporary address where you want ballot sent <small>If you wish to receive your absentee ballot at an address other than the one in Section 2, fill it in here. This address must be in a different county that the county listed in Section 2 unless you are physically disabled or detained in jail or other detention facility.</small>	3 Street: _____ City: _____ State: _____ Zip: _____ County: _____
Date of birth	4 Date of birth: (MM/DD/YYYY) _____
Type of ballot Required in a primary or primary runoff.	5 <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan (will not have ANY party candidates listed)
Contact information	6 To assist your county elections officials in contacting you in a timely manner if your application is incomplete, please provide the following information. Phone number: _____ Email: _____
Signature or mark of voter Required if voter fills out this application.	7 Signature or mark of voter: _____ Today's date: (MM/DD/YYYY) _____
Signature of person providing assistance Required if the voter receives assistance filling out this form. Assistance is only allowed if the voter is illiterate or physically disabled.	8 Name of assistant: _____ Signature of assistant: _____ Today's date: (MM/DD/YYYY) _____
Signature of person requesting ballot if not voter Required only if an eligible relative is making an application on behalf of the voter who is physically disabled or temporarily residing out of the county.	9 Signature of requestor: _____ Relationship to voter: _____ I swear that the facts contained in this application are true and that I am either the mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law of the age of 18 and swear (or affirm) that the above-named voter is (check one) <input type="checkbox"/> physically disabled or <input type="checkbox"/> temporarily residing out of the county
If you meet one of the described conditions in this section and would like to receive a mail ballot for the rest of the elections cycle without another application, indicate by checking the applicable eligibility requirement.	10 <input type="checkbox"/> E - Elderly - I am 65 years of age or older <input type="checkbox"/> D - Disabled - I have a physical disability <input type="checkbox"/> U - UOCAVA Voter - I am a uniformed service member, spouse or dependent of a uniformed service member, or other US citizen residing overseas. My current status is (please mark one): <input type="checkbox"/> MOS - Military Overseas <input type="checkbox"/> OST - Overseas Temporary Resident <input type="checkbox"/> MST - Military Stateside <input type="checkbox"/> OSP - Overseas Permanent Resident (federal offices only) Email: (required for UOCAVA voters requesting electronic transmission) _____
FOR OFFICE USE ONLY Dist. Combo: _____ Precinct: _____ Ballot #: _____ Received Date: _____ ISS Date: _____ Certified Date: _____ Rejection Date: _____ ID SHOWN: GADL _____ Other: _____ I certify that the above named voter <input type="checkbox"/> is eligible <input type="checkbox"/> is not eligible to receive a vote by mail ballot Reason for Rejection: _____ Registrar Signature: _____ Ballot to be: <input type="checkbox"/> Mailed Electronically <input type="checkbox"/> Transmitted/delivered to voter in hospital by Registrars/Deputy <input type="checkbox"/> Voted in office (municipal only)	