



**ABSENTEE VOTE
ADMINISTRATIVE BOARD**
 PO BOX 192359
 San Juan, Puerto Rico 00919
 Phone (787) 777-8682 ext. 4018, 4106, 4100
 (787) 777- 8357/ (787) 753-3660 / (787) 777-4059
 Fax PNP (787)777-8358 PPD (787)294-3120 PIP (787)777-4075
www.ceepur.org – java@cee.gobierno.pr

FOR JIP USE ONLY	
Estatus:	<input type="text"/>
Precinto:	<input type="text"/>
Unidad:	<input type="text"/>
<input type="checkbox"/> No es elector	

PLEASE PRINT

FOR JAVA USE ONLY	
Número de Control:	<input type="text"/>

REQUEST FOR ACCESSIBLE POLLING STATION AT THE DOMICILE

Electoral ID Number

I'm not a register voter that is why I don't have an electoral ID number.

Last Name

Surname

Name

Middle Initial

Birth Date

Day	Month	Year
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Gender

F M

Place of Birth

Person with disabilities

Blind
 Other: _____

Father / Mother's name

Mother / Father's name

Residential Address

Place, or community

Municipality

Postal Address

Place, or community

Municipality

Zip Code + 4

Cell Phone

Residential Phone

E-mail

/ / 2 0 1 7
DAY MONTH

APPLICANT SIGNATURE OR MARK

SIGNATURE OF WITNESS (if applicant is unable to sign)

DATE

I declare that I am signing this application as a witness because applicant is unable to sign.

MEDICAL CERTIFICATION

I, Dr. _____, license number

PHYSICIAN'S NAME

I certified that Mr(s). _____, shows a problem of mobility or is embedded for some type of medical condition that prevents him from attending his polling station.

APPLICANT'S NAME

/ / 2 0 1 7
DAY MONTH

PHYSICIAN'S SIGNATURE

DATE

THIS APPLICATION MUST BE DELIVERED TO THE CEE BY FRIDAY, APRIL 28, 2017

VERIFICACIÓN DE LA COMISIÓN LOCAL

- Se autoriza a grabar la transacción de solicitud de fácil acceso en el domicilio.
- Se autoriza a grabar la transacción de solicitud de fácil acceso en el domicilio, luego de:
 - inscribir al solicitante.
 - subsanar deficiencias en la solicitud.
 - reactivar, transferir o reubicar en la unidad electoral:

Nota: La solicitud será enviada a la JAVA mediante fax al (787) 777-8358 o (787) 294-3120 una vez grabada.

CERTIFICACIÓN DE LA COMISIÓN LOCAL

FIRMA DEL PRESIDENTE(A) DE LA COMISIÓN LOCAL

FIRMA DEL COMISIONADO LOCAL PRIMER PARTIDO

FIRMA DEL COMISIONADO LOCAL SEGUNDO PARTIDO

FIRMA DEL COMISIONADO LOCAL TERCER PARTIDO

