



Replacement Early Voting Ballot Statement



If you need to request a replacement early voting ballot, please fill out the following statement.

Applications must be physically signed. You can take a picture or scan your request and email to cedarclk@cedarcountyne.gov OR text a picture to 402-640-1602. You can also deliver or mail this application to the Cedar County Clerk's Office.

You must submit your application to have a replacement ballot mailed to you by 6 p.m. on the second Friday before the election. If you have any questions, please contact your county election official. You can find contact information for your county election official at: sos.nebraska.gov/elections/election-officials-contact-information

Check the status of your early voting ballot at: ne.gov/go/votercheck

Voter Information	1	Last Name _____ First Name _____ Middle (name or initial) _____ Suffix (Jr, III, if any) _____ Date of Birth (mm/dd/yyyy) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/				
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Reason for Replacement Ballot	2	<input type="checkbox"/> Not Received <input type="checkbox"/> Lost <input type="checkbox"/> Spoiled <input type="checkbox"/> Destroyed										
I request a replacement early voting ballot for the following election	4	Special Election on <u>May 13, 2025</u>										
I request that my replacement ballot be:	3	<input type="checkbox"/> Voted now in the election office OR <input type="checkbox"/> Mailed to me at: Street or PO Box _____ Apartment or Lot (if any) _____ City, State, ZIP _____										

I hereby declare, under penalty of election falsification, that the above information is true.

Signature of Voter X _____	Date _____
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WARNING: The penalty for election falsification is imprisonment for up to two years imprisonment and twelve months post-release supervision, a fine of up to ten thousand dollars, or both.

Return Completed Application to: DELIVER OR MAIL TO: Cedar County Clerk, 101 S Broadway,
 PO Box 47, Hartington, NE 68739
 SCAN AND EMAIL: cedarclk@cedarcountyne.gov
 TAKE A PICTURE AND TEXT: 402-640-1602 Please call the office number below after texting to verify that the text was received.
 If questions, call the Cedar County Clerk's Office: 402-254-7411

Election Office Use Only	
Date Received: _____	To Replace Early Voting Application Number (if applicable): _____
Disposition: <input type="checkbox"/> Mailed on: _____	<input type="checkbox"/> Voted in Office on: _____
<input type="checkbox"/> Arrived Too Late	