

New York State Absentee Ballot Application

Please print clearly; See detailed instructions. This application must either be personally delivered to the District Clerk not later than the day before the election, or postmarked by a governmental postal service not later than 7th day before election day; The ballot itself must be received by the District Clerk no later than 5:00 PM on election day.

OFFICE USE ONLY:

Town/City/Ward/Dist: _____

Registration No: _____

1/ I am requesting, in good faith, an absentee ballot due to (check one reason):

- | | |
|---|--|
| <input type="checkbox"/> absence from my county of residence on election day | <input type="checkbox"/> resident or patient of a Veterans Health Administration Hospital |
| <input type="checkbox"/> permanent illness or physical disability | |
| <input type="checkbox"/> temporary illness or physical disability | <input type="checkbox"/> detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony |
| <input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled | |

2/ Absentee ballot(s) requested for the following election(s).

- Annual Board of Education Election and Budget Vote: Special Election/Vote

3/ last name or surname	first name	middle initial	suffix
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4/ date of birth MM/DD/YYYY ____/____/____	county where you live	phone number (optional)	email (optional)
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5/ address where you live (residence) street	apt	city	state	zip code
NY				

6/ Delivery of Annual Board of Election and Budget Vote Ballot (check one)

I authorize (give name). _____ to pick up my ballot at the District Office.

Mail ballot to me at. (mailing address)

____ street no/ ____ street name apt/ ____ city state zip code

7/ Delivery of Special Election/Vote Ballot (check one)

I authorize (give name). _____ to pick up my ballot at the District Office.

Mail ballot to me at. (mailing address)

____ street no/ ____ street name apt/ ____ city state zip code

Applicant Must Sign Below

8/ I certify that I am a qualified and a registered (and for primary, enrolled) voter- and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn/

Sign Here: X Date ____/____/____
MM/DD/YYYY

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed. By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read/ I have made, or have the assistance in making, my mark in lieu of my signature/ (No power of attorney or preprinted name stamps allowed/ See detailed instructions/)

Date ____/____/____ Name of Voter. _____ Mark. _____
MM/DD/YYYY

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn/

(address of witness to mark)

(signature of witness to mark)

Board Use Only