

Absentee Ballot Application

Please print clearly. (See detailed instructions on back of this form.)

This application must either be personally delivered to the Village Clerk not later than the day before the election, or postmarked by a governmental postal service not later than the 7th day before Election Day. The ballot itself must either be personally delivered to the Village Clerk no later than the close of polls on Election Day, or postmarked by a governmental postal service and received by the close of polls on Election Day.

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

- | | |
|---|--|
| <input type="checkbox"/> absence from Village on Election Day | <input type="checkbox"/> patient or inmate in a Veterans' Administration Hospital |
| <input type="checkbox"/> temporary illness or physical disability | <input type="checkbox"/> detention in jail/prison, 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"/> permanent illness or physical disability | |
| <input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled | |

2) Full Name: _____
Last Name First Name Middle Initial

3) Date of Birth: _____ **Phone Number:** _____

4) Address: _____ **NY** _____
Street City State Zip

5) Delivery of Election Day Ballot (check one):

- Deliver to me in person at the Village Clerk's Office
- I authorize (give name): _____ to pick up my ballot at the Village Clerk's Office
- Mail ballot to me at (mailing address): _____
Street City State Zip

APPLICANT MUST SIGN BELOW:

6) I certify that I am a qualified and a registered 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** _____

If an 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 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 on back of this form).

Date _____ Name of Voter _____ Mark _____

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 it if contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Signature of Witness to Mark: _____
Address of Witness to Mark: _____
