ABSENTEE BALLOT APPLICATION

BOARD USE ONLY: **REGISTRATION SERIAL NUMBER:**_____

County _____ Town or City_____, Ward/A.D. or Leg. Dist. _____,

Election District _____ Party Enrollment _____

Please check (√) which election(s) you are requesting this application for: ☐ PRIMARY ELECTION ☐ GENERAL ELECTION

**************************** **INSTRUCTIONS** ********************************

1. Complete name, residence address including town or city and county.
2. Check the appropriate box specifying the reason for this application.
3. Complete the appropriate section, as well as section Ⓕ
4. Remember to sign the application, or if unable to sign, have your mark witnessed.
5. This application must be mailed to **your county board of elections** not later than the 7th day before election day, or delivered to the board not later than the day before election day. The ballot itself must either be delivered to the board of elections no later than the close of polls on the day of election, or postmarked by a governmental postal service not later than the day before election and received no later than the 7th day after election.

_____, an applicant for an Absentee Primary/General Ballot, states as follows:
                     (Print or type name)

I reside at _____, and am a REGISTERED (and for primary, ENROLLED)
            (Street, number, name of post office and zip code)

voter of the Town or City of _____, County of _____, and I know of no reason
why I am no longer qualified to vote.

The Reason I am Requesting an Absentee Application

In good faith I expect to be absent on election day due to:

Check only ONE:

☐ **duties, occupation, business, studies or vacation** ....**Complete Sections Ⓐ and Ⓕ**
☐ **being a patient or inmate in VA Hospital** ....**Complete Sections Ⓑ and Ⓕ**
☐ **jail or prison** ....**Complete Sections Ⓒ and Ⓕ**
☐ **illness or physical disability or hospital patient**..........**Complete Sections Ⓓ and Ⓕ**
☐ **accompanying a spouse, parent, or child** ....**Complete Sections Ⓔ and Ⓕ**

Ⓐ   **DUTIES, OCCUPATION, BUSINESS, STUDIES or VACATION**

☐ I expect to be absent from my county, or the city of New York, State of New York, because my duties, occupation, studies or vacation require me to be elsewhere as follows:

1. Briefly explain your position and nature of your duties, occupation, business, studies or vacation requiring such absence and give dates when you expect to begin and end your absence. _____
_____

2. Place or places where you expect to be on vacation. _____
_____

3. If vacation, name and address of employer, if any. _____
                                    (If self-employed or unemployed, so state - If student, give name of school) ☞ **Go to Section Ⓕ**

Ⓑ   **PATIENT OR INMATE OF VA HOSPITAL**

☐ I am a qualified voter registered as a patient or inmate of a Veterans' Administration Hospital, and on such Election Day, I expect in good faith to be in such hospital.   ☞ **Go to Section Ⓕ**

Ⓒ   **JAIL OR PRISON**

☐ Absent because I expect to remain detained/confined 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. ☞ **Go to Section Ⓕ**

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(D) **ILLNESS, PHYSICAL DISABILITY, OR HOSPITAL PATIENT**

☐ Unable to go to my polling place because I am ill or physically disabled, and advised not to by my medical practitioner or Christian Science Practitioner._____
(Name and address of medical practitioner or Christian Science Practitioner)

I expect to be a patient in _____Hospital, whose address is_____
(Give name)

_____

☐ My illness or disability is permanent. Please mail Absentee Ballots to me for all future elections without further application. The nature of my permanent illness or disability is _____

_____ ☞ **Go to Section (F)**

(E) **ACCOMPANYING A SPOUSE, PARENT OR CHILD**

☐ Absent from my county or the city of New York on such Election Day, because I will be accompanying my spouse, parent, child, who falls within one of the foregoing categories.
Name and address of such relative: _____

(In the event that this application is not accompanied by the application of such spouse, parent, or child, you must complete the appropriate section above by setting forth the details as they relate to that person.)   ☞ **Go to Section (F)**

(F) **ALL APPLICANTS MUST FILL OUT THE FOLLOWING:**

Delivery of primary election ballot (check one) ☐ Deliver to me in person at board of elections.
☐ Deliver to _____whom I authorize to receive my ballot.
(Give name)

☐ Mail ballot to me at

_____
(Address)

Delivery of general election ballot (check one) ☐ Deliver to me in person at board of elections.
☐ Deliver to _____whom I authorize to receive my ballot.
(Give name)

☐ Mail ballot to me at

_____
(Address)

APPLICANT MUST SIGN BELOW

I certify that the information in this application is true and correct and I understand 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.

Date _____   Signature of Voter _____

(If applicant is unable to sign application 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 had assistance in making, my mark in lieu of my signature.

Date _____ Name of Voter _____Mark_____

I, the undersigned, hereby certify that the above named voter affixed his mark to this application in my presence and I know him to be the person who affixed his 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)

_____

_____
(City, State, Zip)