

# New York State Absentee Ballot Application

Please print clearly. See detailed instructions.

This application must either be personally delivered to your county board of elections 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 either be personally delivered to the board of elections no later than the close of polls on election day, or postmarked by a governmental postal service not later than the day before the election and received no later than the 7th day after the election.

BOARD USE ONLY:

Town/City/Ward/Dist:

Registration No:

Party:

☐ voted in office

1.

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

☐ absence from county or New York City on election day
☐ resident or patient of a Veterans Health Administration Hospital
☐ temporary illness or physical disability
☐ 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
☐ permanent illness or physical disability
☐ 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) :

☐ Primary Election only
☐ General Election only
☐ Special Election only

☐ Any election held between these dates: absence begins: 

MM/DD/YYYY

 absence ends: 

MM/DD/YYYY

3.

last name or surname

first name

middle initial

suffix

4.

date of birth MM/DD/YYYY

county where you live

phone number (optional)

email (optional)

5.

address where you live (residence) street

apt

city

state

zip code

NY

6.

Delivery of Primary Election Ballot (check one)

☐ I authorize (give name): to pick up my ballot at the board of elections.
☐ Deliver to me in person at the board of elections
☐ Mail ballot to me at: (mailing address)

street no.

street name

apt.

city

state

zip code

7.

Delivery of General (or Special) Election Ballot (check one)

☐ I authorize (give name): to pick up my ballot at the board of elections.
☐ Deliver to me in person at the board of elections
☐ 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 

MM/DD/YYYY

 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 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  
2015 Absentee Ballot Application

# **FILLING OUT AN ABSENTEE BALLOT FOR THE VILLAGE ELECTION**

**SEPTEMBER 15, 2020**

- BOX 1** Voters may select “temporary illness or physical disability” to the extent necessary to include the potential for contraction of the COVID-19 virus as an illness for purposes of request or receipt of an absentee ballot.
- BOX 2** Voters should check off “General Election Only”, as the Village Election is considered the “General Village Election”
- BOX 6** Please do not fill out this box, as it does not pertain to the Village Election.
- BOX 8** Please provide an original signature when submitting electronically or in person, printed names are insufficient.