VILLAGE OF HASTINGS ON HUDSON, N.Y. 10706

FORM 5 (revised 12/16)

New York Village Absentee Ballot Application

Please print clearly.

This application must either be personally delivered to your village clerk's office not later than the day before the election if the absentee ballot is being picked up by you or your designee, or received by the village clerk's office not less than seven days prior to the date

CLERK USE ONLY:
Village/City/Ward/Dist:
Registration No:
Party:
voted in office

	election if the ballot is to be mailed to you. The ballot itself must be received by the clerk's office not later than the close of the polls on the date of the election.	office		
1.	I am requesting, in good faith, an absentee ballot due to (check one reason): □ absence from the county on election day □ patient or inmate in a Veterans' Administration □ temporary illness or physical disability Hospital □ permanent illness or physical disability □ detention in jail/prison, awaiting trial, awaiting □ duties related to primary care of one or more individuals who are ill or physically disabled action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony			
2.	absentee ballot(s) requested for the following election(s): Primary Election only General Election only Any election held between these dates: absence begins: / / absence ends: / /			
3.	last name or surname first name	middle initial suffix		
4.	date of birth county where you live phone number (optional)		
5.	address where you live (residence) street apt city sta			
6.	Mail ballot to me at: (mailing address)	up my ballot at the village office.		
	street no. street name apt. city	state zip code		
7.	Delivery of General (or Special) Election Ballot (check one) Deliver to me in person at the village office to pick up my ballot at the village office. Mail ballot to me at: (mailing address)			
	street no. street name apt. city	state zip code		
Applicant Must Sign Below				
	I certify that Lam a qualified and a registered (and for primary, enrolled) voter; and that the information in this application is true and			
	Sign Here: X Date	1 1		
must be	cant is unable to sign because of illness, physical disability or inability to read, the following statement e executed: By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application absentee ballot without assistance because I am unable to write by reason of my illness or physical	Clerk's Use Only		

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:_ 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.

(signature of witness to mark)

(address of witness to mark)