

Village of \_\_\_\_\_ Election District \_\_\_\_\_

# ABSENTEE BALLOT APPLICATION — VILLAGE

- Due to Duties, Occupation, Business, Studies or Vacation (Sec. 8-400)
  - Due to Illness or Physical Disability (Sec. 8-400)
  - Due to Permanent Illness or Permanent Disability (Sec. 8-400)
- (See Reverse Side for Instructions)

To the Greene County Board of Elections, P.O. Box 307, Catskill, N.Y. 12414      Registration Serial Number \_\_\_\_\_  
(To be Filled by Board)

\_\_\_\_\_, an applicant for an absentee ballot, states as follows:  
(Print or type name)

I reside at \_\_\_\_\_, and I am a REGISTERED voter of the  
(Street, number, name of post office and zip code)

Village of \_\_\_\_\_, County of GREENE

**I KNOW OF NO REASON WHY I AM NO LONGER QUALIFIED TO VOTE.**

## DUTIES, OCCUPATION, BUSINESS, STUDIES or VACATION

I expect in good faith to be absent from the County of Greene, State of New York, on Election Day, \_\_\_\_\_ because my duties, occupation, business, studies or vacation require me to be elsewhere as follows:

1. Explain briefly your position and nature of duties, occupation, studies or business 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 business, studies or on vacation. \_\_\_\_\_
3. Name of employer, if any, \_\_\_\_\_  
(If self employed or unemployed, so state - If student, give name of school)
4. Address of employer \_\_\_\_\_  
(If student, give address of school)
5. If this application is based by reason of accompanying your spouse, child or parent: would such spouse, child or parent, if a qualified voter, be entitled to apply for the right to vote by absentee ballot? circle - (Yes or No) \_\_\_\_\_  
(name of such spouse, child or parent)      (Relationship to you)
6. If this application is based by reason of being or expecting to be an inmate or patient of a veteran's administration hospital, give name and address of hospital. \_\_\_\_\_
7. If application is based on confinement pending trial in a criminal proceeding or for conviction of a crime or offense other than a felony, give particulars: \_\_\_\_\_

## DUE TO ILLNESS OR PHYSICAL DISABILITY

I certify that I have been advised by my medical practitioner or Christian Science practitioner:

\_\_\_\_\_  
(Name and address of medical practitioner or Christian Science practitioner)

that I will be unable to appear personally at the polling place of the election district in which I am a REGISTERED voter on the day of the next Village Election because of my  Illness  Physical Disability and will be confined  at Home, in a  Hospital. If hospital confinement is expected, state name and address of Hospital. (Check appropriate boxes)

\_\_\_\_\_  
(Name of Hospital)

\_\_\_\_\_  
(Address of Hospital)

## DUE TO PERMANENT ILLNESS OR PERMANENT DISABILITY

I hereby certify that such illness or disability is permanent and request that Absentee Ballots be mailed to me for future elections without my making further application. The nature of my permanent illness or disability is \_\_\_\_\_

**Check if applicable** (See instruction No. 2)

I hereby certify that my illness or disability began not more than nine days before the election for which I am requesting this ballot.

## ALL APPLICANTS MUST FILL OUT FOLLOWING

**Delivery of ballot** (check one)

Deliver to me in person at board of elections.  
 Deliver to \_\_\_\_\_ whom I hereby authorize to receive my ballot.  
(Name)

Mail ballot to me at \_\_\_\_\_  
(Address)

## APPLICANT MUST SIGN BELOW

**I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND 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 or physical disability, 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 received assistance in making, my mark in lieu of my signature.

Date \_\_\_\_\_ Mark \_\_\_\_\_  
(Name of Voter)

\_\_\_\_\_, 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)

## INSTRUCTIONS TO ABSENTEE VOTERS

1. ALL REGISTERED Voters must fill out in full the Statement on the front side of this form and personally sign it (unless physically unable to do so).
2. Mail this application to the board of elections not later than the 7th day before such election.
3. Any voter who may be unavoidably absent on the day of election may deliver application to the board of elections not later than the day preceding such election. Sec. 8-400.2(c).
4. Unless you have applied for an absentee ballot as a permanently disabled person, this application is good only for the village election to which it specifically pertains. You must, unless permanently disabled, renew your application for *each* village election if you are still eligible to vote absentee.

INITIALS

REQUEST _____	
APPL. MLD. _____	
APPL. RET. _____	

