## **Village Absentee Ballot Application**

Please print clearly. See detailed instructions.

This application must either be personally delivered to the Village Office 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 be received at the Village Office no later than the close of nolls on election day

BOARD USE ONLY:						
Town/City/Ward/Dist:						
Registration No:						
Party:						
□ voted in office						

the cit		oted in office				
1.	l am requesting, in good faith, an absentee ballot due to (check one reason):  □ absence from county or New York City on election day □ temporary illness or physical disability □ permanent illness or physical disability □ duties related to primary care of one or more individuals who are ill or physically disabled □ 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					
2. a		pecial Election only sence ends:				
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				
6.	Delivery of Vilage Election Ballot (check one)  ☐ I authorize (give name): ☐ Mail ballot to me at: (mailing address)	village Office y ballot at the Village Office state zip code				
7.	Delivery of General (or Special) Election Ballot (check one)	erson at the board of elections y ballot at the board of elections.				
	street no. street name apt. city  Applicant Must Sign Polow	state zip code				
8.	Applicant Must Sign Below  I certify that I am a qualified and a registered (and for primary, enrolled) voter; and that the true and correct and that this application will be accepted for all purposes as the equivalent material false statement, shall subject me to the same penalties as if I had been duly sworn.  Sign Here:	of an affidavit and, if it contains a				
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	/ 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.

(signature of witness to mark)

(address of witness to mark)

2015 Absentee Ballot Application