

ABSENTEE BALLOT APPLICATION

Sec. 8-400 [ACBOE Rev. 12/07]

For Board use only: Registration Serial No.: _____ Party Enrollment: _____
Town or City: _____ Ward: _____ Election District: _____

This application is for a ballot to be cast at the (check one or more): Fall Primary General Election
 Presidential (Winter) Primary

Please Note: If this application is being mailed to the Board of Elections, it must be mailed not later than the 7th day before the election to which it relates. If this application is delivered to the Board in person, it must be delivered not later than the day before such election. Once you receive your ballot, the ballot must be marked and returned to the Board as follows: if returned by mail, it must be postmarked by the US Postal Service (or a foreign country's postal service) not later than the day before the election and received by the Board not later than the 7th day after the election; and, if delivered to the Board in person, such delivery must occur before the close of the polls on the day of the election.

I [insert full name], _____, an applicant for an absentee Primary/General ballot, as designated above, state as follows: I reside at _____ and am a registered (and, for a primary election, an enrolled) voter of the Town or City of _____ in the County of _____, and I know of no reason why I am no longer qualified to vote. On the day of the election, I will be unable to vote in person because I expect in good faith to be absent due to one of the following reasons:

NOTE: To obtain a ballot, you must answer all relevant questions in the applicable category.

(A) DUTIES, OCCUPATION, BUSINESS OR STUDIES: I expect to be unavoidably absent from my county of residence (or, if a resident of the City of New York, from such City) on Election Day because my duties, occupation, business or studies require me to be elsewhere, as hereinafter explained:

1. Briefly describe the circumstances requiring your absence, identifying the nature of your duties, occupation or business, your anticipated destination, and the person(s) or entities involved. If you are a student, provide the name and location of the college or university and state whether you are full or part time. _____

2. Please provide the dates of your anticipated departure [] and return [].

(B) VACATION: I expect to be absent from my county of residence (or, if a resident of the City of New York, from such City) on Election Day because I will be on vacation.

1. Please identify the place or places where you will be on vacation. _____
2. Please provide the dates of your anticipated departure [] and return [].
3. Please provide the name and address of your employer, if any; if you are self-employed or retired, so indicate. _____

(C) ILLNESS, PHYSICAL DISABILITY OR HOSPITALIZATION: I am unable to vote in person due to illness or physical disability. I have been advised by my medical practitioner or Christian Science practitioner that I will not be able to vote in person due to my condition, which is (check applicable box) temporary permanent. The name and address of my medical practitioner or Christian Science practitioner is: _____

If you anticipate being hospitalized at the time of the election, please provide the name and address of the hospital: _____
 My illness or disability is permanent. I hereby request that an absentee ballot be mailed to me for each subsequent election without further application. The nature of my illness or disability is as follows: _____

D PATIENT OR RESIDENT OF VA HOSPITAL: I am a qualified voter registered as an inmate or patient of a Veterans Administration Hospital [please initial: _____].

E DETAINED IN JAIL OR PRISON: I am presently detained in the (identify the jail or prison and its location) _____ awaiting action by a grand jury or trial, or standing convicted of an offense other than a felony. Such confinement will continue beyond the election(s) designated above.

F ACCOMPANING A SPOUSE, PARENT OR CHILD: I will be absent from the county of my residence (or, if a resident of New York City, from such City) because I will be accompanying my spouse, parent or child, who falls within one of the foregoing categories and who resides within the same election district as the undersigned.

1. The name and address of my said relative is: _____.

2. He or she is qualified to receive an absentee ballot for the reasons (check one): set forth in his or her separate application, which is being filed contemporaneously herewith, or as set forth hereinabove (please insert details in one of the foregoing categories as they pertain to your spouse, parent or child).

NOTE: All applicants must fill out the following and sign the certification below:

Delivery of Primary Election Ballot (check one): Deliver my ballot to me in person at the Board of Elections.

Deliver my ballot to _____, whom I hereby authorize to receive the same.

Mail the ballot to me at this address: _____.

Delivery of General Election Ballot (check one): Deliver my ballot to me in person at the Board of Elections.

Deliver my ballot to _____, whom I hereby authorize to receive the same.

Mail the ballot to me at this address: _____.

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.

Dated: _____

Signature of Voter: _____

Note: If the applicant is unable to sign the application due to illness, physical disability or the inability to read, he or she may simply mark the application and thereby make the following declaration:

"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."

Dated: _____

Voter's Mark: _____

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