

WARD/ED _____
ENROLLMENT _____

ABSENTEE BALLOT APPLICATION (8-400)

MADISON COUNTY BOARD OF ELECTIONS
COUNTY OFFICE BUILDING
WAMPSVILLE, NY 13163
TELEPHONE: 366-2231

FOR OFFICE USE ONLY:

Registration # _____
City/Town _____ VOTED IN OFFICE _____
Ward _____ District _____ BALLOT TAKEN _____

*****ALL APPLICANTS MUST COMPLETE THE FOLLOWING*****

PLEASE CHECK ONE OF THE FOLLOWING: I am requesting an absentee ballot for:

Village Election Only Primary Election Only General Election Only All elections that apply

Applicant's Name _____
Last First Initial Date of Birth

Home Address _____

City or Town _____

MAIL BALLOT TO THIS ADDRESS:
(Ballots are mailed approximately 3 weeks before each election)

Address _____

I qualify for voting by absentee ballot because I will be absent from Madison County on the day of the election for one of the following reasons:

PLEASE CHECK COLUMN ON LEFT AND COMPLETE RIGHT-HAND COLUMN AS TO REASON FOR YOUR ABSENCE:

- | | |
|--|--|
| ___ 1. Duties, Occupation or Business | ALSO STATE DATES AND REASON FOR SUCH ABSENCE |
| ___ 2. Vacation | Reason _____ |
| ___ 3. Education (School outside of Madison County) | _____ |
| ___ 4. Temporary Illness (At Home) | Location _____ |
| ___ 5. Temporary Illness (In Hospital) | Date from _____ Date to _____ |
| ___ 6. I will be detained in jail for an offense other than a felony or awaiting trial or grand jury action. Name of institution _____ | |
| ___ 7. I am confined due to a permanent illness or disability (Statement below must be complete) | |

ONLY FOR PERMANENT ILLNESS OR 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)

I am hereby applying for an absentee ballot because of the following reason:
(State nature of illness or disability) _____

I am permanently confined at _____
(Name and address of institution or residence if confined at home)

NOTE:
PERMANENT ILLNESS OR DISABILITY QUALIFIES YOU FOR AN ABSENTEE BALLOT TO BE MAILED TO YOU FOR FUTURE ELECTIONS WITHOUT MAKING FURTHER APPLICATION.

***** APPLICANTS 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 _____ X _____
Signature of Applicant

APPLICATIONS MUST BE SIGNED AND RECEIVED BY THE MADISON COUNTY BOARD OF ELECTIONS NOT LATER THAN 5:00 P.M. SEVEN (7) DAYS BEFORE ELECTION DAY. APPLICATIONS MAILED MUST BE POSTMARKED SEVEN (7) DAYS BEFORE ELECTION.

ONLY TO BE COMPLETED BY PERSON WHO SIGNS WITH AN X

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 his 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)

(ADDRESS OF WITNESS)