

ABSENTEE BALLOT APPLICATION

IN ACCORDANCE WITH NYS ELECTION LAW SEC.8-400

_____ DUE TO DUTIES, OCCUPATION, BUSINESS, STUDIES OR VACATION

_____ DUE TO ILLNESS OR PHYSICAL DISABILITY

_____ DUE TO PERMANENT ILLNESS OR DISABILITY

CLINTON COUNTY BOARD OF ELECTIONS

137 MARGARET STREET, SUITE 104

PLATTSBURGH, NY 12901

PHONE: (518) 565-4740

FAX: (518) 565-4508

I AM REQUESTING AN ABSENTEE BALLOT FOR (CHECK ONE):

_____ PRIMARY ELECTION ONLY

_____ GENERAL ELECTION ONLY

_____ PRIMARY, GENERAL or SPECIAL ELECTION PARTY AFFILIATION _____ (TO BE USED FOR PRIMARY ONLY)

I WILL BE CONTINUOUSLY ABSENT BETWEEN THESE DATES: _____

APPLICANT'S NAME: _____

LAST

FIRST

MI

DATE OF BIRTH

RESIDENCE & PO BOX ADDRESS _____

CITY OR TOWN _____

COUNTY OF _____

PHONE NUMBER: _____ (OPTIONAL)

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

DUTIES, OCCUPATION, BUSINESS, STUDIES OR VACATION

EXPLAIN BRIEFLY YOUR POSITION AND NATURE OF DUTIES, OCCUPATION, STUDIES OR BUSINESS REQUIRING SUCH ABSENCE AND GIVE PLACE OR PLACES. _____

NAME OF EMPLOYER, IF ANY _____

(IF SELF-EMPLOYED, UNEMPLOYED, OR RETIRED, SO STATE---IF A STUDENT, GIVE NAME OF SCHOOL)

ADDRESS OF EMPLOYER _____

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?

YES _____ OR NO _____

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 _____

IF THIS 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 & ADDRESS OF MEDICAL OR 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 ELECTION BECAUSE OF MY _____ ILLNESS _____ PHYSICAL DISABILITY AND WILL BE CONFINED _____ AT HOME, IN A _____ HOSPITAL. IF HOSPITAL CONFINEMENT IS EXPECTED, STATE NAME & 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 MAKING FURTHER APPLICATION. THE NATURE OF MY PERMANENT ILLNESS OR DISABILITY IS: _____

FOR BOARD USE ONLY

TOWN OR CITY OF _____

WARD/E.D. _____

REG # _____

ALL APPLICANTS MUST FILL OUT THE FOLLOWING

USE ONE (1) OF THE FOLLOWING OPTIONS:

- MAIL BALLOT TO THE FOLLOWING ADDRESS: _____
- DELIVER BALLOT TO ME IN PERSON AT THE BOARD OF ELECTION.
- DELIVER TO _____ WHOM I AUTHORIZE TO RECEIVE MY BALLOT.

APPLICANT MUST SIGN OR MAKE A MARK 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. 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, 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

SIGNATURE OR MARK 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/HER 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 DULY SWORN.

DATE

SIGNATURE & ADDRESS OF WITNESS TO MARK

INSTRUCTIONS TO ABSENTEE VOTERS

1. **ALL REGISTERED Voters must fill out the Statement on the front of this form and personally sign it (unless physically unable to do so) in which case an "X" is made and witnessed in accordance with the Election Law SEC. 8-400.6.**
2. **All applications must be mailed to the board of elections not later than the seventh day before the election for which a ballot is first requested or delivered to such Board not later than the day before such election. SEC. 8-400.2.c.**
3. **Unless you have applied for an absentee ballot as a permanently disabled person, this application is good ONLY for the primary, special, or general election to which it specifically pertains. You MUST, unless permanently disabled, renew your application for EACH primary, special, or general election if you are still eligible to vote absentee.**

For Board Use Only

Completed application received by:

Mail

Counter

Date Received: _____

Received From: _____

Initials: _____