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**Village Election March 21, 2017**

***ABSENTEE BALLOT APPLICATIONS***

***FILING DEADLINES:***

***MARCH 14, 2017: LAST DATE FOR VILLAGE CLERK TO RECEIVE APPLICATION FOR ABSENTEE BALLOT TO BE MAILED TO QUALIFIED VOTER***

***MARCH 20, 2017: LAST DATE FOR VILLAGE CLERK TO RECEIVE PERSONAL APPLICATION FOR ABSENTEE BALLOT, FROM APPLICANT OR APPLICANT'S AGENT. BALLOT WILL BE GIVEN TO VOTER ON MARCH 20<sup>TH</sup>.***

***(BALLOT'S MUST BE RECEIVED IN VILLAGE CLERK'S OFFICE, AT POLLING PLACE , OR BY MAIL ON MARCH 21, 2017 TO BE COUNTED)***

**Please note: The last date to register with the Suffolk County Board of Elections, to be Eligible to vote in the Village Election on March 21<sup>st</sup> is March 10<sup>th</sup>.**

# New York Village Absentee Ballot Application

Please print clearly.

This application must either be personally delivered to your village clerk's 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 either be personally delivered to the village clerk's office no later than the close of polls on election day.

**CLERK USE ONLY:**  
 Village/City/Ward/Dist: \_\_\_\_\_  
 \_\_\_\_\_  
 Registration No: \_\_\_\_\_  
 Party: \_\_\_\_\_  
 voted in office

**1. I am requesting, in good faith, an absentee ballot due to (check one reason):**

<input type="checkbox"/> absence from the village on election day	<input type="checkbox"/> patient or inmate in a Veterans' Administration Hospital
<input type="checkbox"/> temporary illness or physical disability	<input type="checkbox"/> 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
<input type="checkbox"/> permanent illness or physical disability	
<input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled	

**2.** absentee ballot(s) requested for the following election(s):

Primary Election only       General Election only       Special Election only

Any election held between these dates:      absence begins: \_\_\_\_/\_\_\_\_/\_\_\_\_      absence ends: \_\_\_\_/\_\_\_\_/\_\_\_\_

**3.**

last name or surname	first name	middle initial	suffix
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**4.**

date of birth ____/____/____	county where you live	phone number (optional)
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**5.**

address where you live (residence) street	apt	city	state	zip code
<b>NY</b>				

**6.** Delivery of Primary Election Ballot (check one)       Deliver to me in person at the village office

I authorize (give name): \_\_\_\_\_ to pick up my ballot at the village office.

Mail ballot to me at: (mailing address)

street no.      street name      apt.      city      state      zip code

**7.** Delivery of General (or Special) Election Ballot (check one)       Deliver to me in person at the village office

I authorize (give name): \_\_\_\_\_ to pick up my ballot at the village office.

Mail ballot to me at: (mailing address)

street no.      street name      apt.      city      state      zip code

## Applicant Must Sign Below

**8.** I certify that I am a qualified and a registered (and for primary, enrolled) voter; and that the information in this application is true and correct and 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.

**Sign Here: X** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

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)

Clerk's Use Only