Form No. 5 Format Rev. (2008)

WILLIAMSON LAW BOOK COMPANY · VICTOR, NY 14564

Village of _____, **Election District** _____

ABSENTEE BALLOT APPLICATION

CLERK USE ONLY **REGISTRATION SERIAL NUMBER:** _____

County _____ Village _____

Election District _____ Party Enrollment _____

**********INSTRUCTIONS**********

1. Complete name, residence, address.
2. Check the appropriate box specifying the reason for this application.
3. Complete the appropriate section, as well as section "**F**".
4. Remember to sign the application, or if unable to sign, have your mark witnessed.
5. This application must be mailed to the **Village Clerk** not later than the 7th day before election day, or delivered to the Clerk not later than the day before election day. The ballot itself must be delivered to the Clerk no later than the close of polls on the day of election.

_____, an applicant for an Absentee Ballot, States as follows: I reside at
(Print or type name)

_____, and am a REGISTERED voter in the
(Street, number, name of post office and zip code)

Village of _____, County of _____, and I know of no reason why I am no longer qualified to vote.

The Reason I am Requesting an Absentee Application

In good faith I expect to be absent on election day due to:

Check only ONE:

- ☐ **duties, occupation, business, studies or vacation.....Complete Sections "A" and "F"**
- ☐ **being a patient or inmate in VA Hospital.....Complete Sections "B" and "F"**
- ☐ **jail or prison .....Complete Sections "C" and "F"**
- ☐ **illness or physical disability or hospital patient.....Complete Sections "D" and "F"**
- ☐ **accompanying a spouse, parent, or child.....Complete Sections "E" and "F"**

A DUTIES, OCCUPATION, BUSINESS, STUDIES or VACATION

☐ I expect to be absent from the Village on election day because my duties, occupation, studies or vacation require me to be elsewhere as follows:

1. Briefly explain your position and nature of your duties, occupation, business, studies or vacation requiring such absence and give dates when you expect to begin and end your absence. _____

2. Place or places where you expect to be on vacation. _____

3. If vacation, name and address of employer, if any. _____
(If self-employed or unemployed, so state - If student, give name of school) ☞ **GO TO SECTION "F"**

B PATIENT OR INMATE OF VA HOSPITAL

☐ I am a qualified voter registered as a patient or inmate of a Veterans' Administration Hospital, and on such Election Day, I expect in good faith to be in such hospital.

☞ **GO TO SECTION "F"**

C JAIL OR PRISON

☐ Absent because I expect to remain detained / confined 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.

☞ **GO TO SECTION "F"**

(OVER)

D ILLNESS, PHYSICAL DISABILITY, OR HOSPITAL PATIENT

☐ Unable to go to my polling place because I am ill or physically disabled, and advised not to by my medical practitioner or Christian Science Practitioner._____
(Name and address of medical practitioner or Christian Science Practitioner)

I expect to be a patient in_____ Hospital, whose address is_____
(Give name)

_____

☐ My illness or disability is permanent. Please mail Absentee Ballots to me for all future elections without further application.

The nature of my permanent illness or disability is_____

_____

☞ GO TO SECTION "F"

E ACCOMPANYING A SPOUSE, PARENT OR CHILD

☐ Absent from Village on such Election Day, because I will be accompanying my spouse, parent, child, who falls within one of the foregoing categories.
Name and address of such relative:_____

_____

(In the event that this application is not accompanied by the application of such spouse, parent, or child, you must complete the appropriate section above by setting forth the details as they relate to that person.) ☞ GO TO SECTION "F"

F ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

Please State: Where you will be on Election Day (Name & Address); Business, Vacation, School, Institution, Hospital (Name of Medical or Christian Science Practitioner) :_____

_____

Dates: From:_____ To:_____

Delivery of election ballot: (check one) ☐ Deliver to me in person at office of the Village Clerk.

☐ Deliver to_____ whom I authorize to receive my ballot.
(Given name)

☐ Mail ballot to me at

_____
(Address)

APPLICANT MUST SIGN BELOW

I certify that the information in this application is true and correct and I 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:_____ Signature of Voter: _____

If applicant is unable to sign application 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 had assistance in making my mark in lieu of my signature.

Date: _____ Name of Voter:_____ Mark:_____

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 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.

_____ _____
(Address of witness to mark) (Signature of witness to mark)

_____

_____
(City, State, Zip)