

MADISON COUNTY ABSENTEE BALLOT APPLICATION (8-400)

Madison County Board of Elections, PO Box 666, Wampsville, NY 13163 (315) 366-2231 www.madisoncounty.ny.gov/boe

A

Full Name: _____ Date of Birth: _____

Phone: _____ E-mail: _____

Madison County Address: _____

Mail ballot to this Address: _____

(Ballots are mailed approximately 4 weeks before each election)

I designate the following person to pick up my ballot: _____

FOR OFFICE USE ONLY

Registration # _____

City/Town/Dist _____

Party _____

Comments _____

☐ Voted in Office

☐ Took Ballot

☐ Ballot sent w/ Application

B

I am requesting in good faith, an absentee ballot due to (check ONE)

☐ Absence from County on Election Day

☐ Temporary illness or disability

☐ Primary caregiver for ill or disabled person(s)

☐ Permanent illness or disability*

☐ Inmate or patient in a Veteran's Administration Hospital

*A Permanent absentee status qualifies you to automatically receive an absentee ballot for each election you qualify for without a new application (skip section C)

☐ Detention in jail/prison awaiting action by a grand jury or a trial or confined in jail for an offense other than a felony

C

Absentee ballot(s) requested for the following elections:

☐ Primary

☐ General (November)

☐ Village (March or June)

☐ Special

Any Election held between these dates of absence: _____ / _____ / 20____ to _____ / _____ / 20____

For election dates & information got to www.madisoncounty.ny.gov/boe

D

ALL APPLICANTS MUST SIGN BELOW

I certify that I am a qualified and registered voter; and 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.

Sign Here: _____

Date: _____

THIS SECTION TO BE COMPLETED ONLY BY PERSONS UNABLE TO SIGN:

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: _____ Name of Voter: _____ 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 their mark to said application and understand this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains any material false statement, shall subject me to the same penalties as if I had been duly sworn.

Signature of Witness: _____ Address of Witness: _____

Applications must be signed by the voter and delivered to the Madison County Board of Elections not later than 5:00pm the day before Election Day or postmarked not later than seven (7) days before the Election.