

MADISON COUNTY ABSENTEE BALLOT APPLICATION (8-400)

YOU MAY APPLY TO: Madison County Board of Elections, PO Box 666, Wampsville, NY 13163 (315) 366-2231

A

I AM A REGISTERED AND QUALIFIED VOTER IN MADISON COUNTY

Name _____ Date of Birth _____ Phone # _____

Madison County Address _____

E-mail _____

Mail ballot to this address _____

(Ballots are mailed approximately 3 weeks before each election)

B

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

FOR OFFICE USE ONLY

City/Town/Dist _____

Party _____

Registration # _____

Comments _____

Voted in Office

Took Ballot

Ballot sent w/ Application

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

Absent from County on Election Day

Temporary Illness or disability

Primary caregiver for ill or disabled person(s)

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

Permanent illness or disability*

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

D

ALL 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 _____ Sign Here _____

Applications must be signed 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.

C

Ballots are requested for the following Elections:

General (November) Village (March or June) Primary (Presidential or Fall) Other

Any Election held between the following dates:

dates of absence ____ / ____ / 20__ to ____ / ____ / 20__

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 received assistance in making my mark in lieu of my signature.

Date _____ Mark of Applicant _____

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 _____