Monroe County Board of Elections
Absentee Ballot Application

Please print clearly. See detailed instructions.

This application must either be personally delivered to your county board of elections 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 board of elections no later than the close of polls on election day, or postmarked by a governmental postal service not later than the day before the election and received no later than the 7th day after the election.

BOARD USE ONLY:

Town/City/Ward/Dist: _____

Registration No: _____

Party: _____

☐ *voted in office* ☐ *ballot taken*

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

- ☐ absence from county or New York City on election day
- ☐ temporary illness or physical disability
- ☐ permanent illness or physical disability
- ☐ duties related to primary care of one or more individuals who are ill or physically disabled
- ☐ patient or inmate in a Veterans' Administration Hospital
- ☐ 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

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

4.

date of birth	county where you live	phone number (optional)
_____/_____/_____		

5.

address where you live (residence) street	apt	city	state	zip code
			NY	

6. Delivery of Primary Election Ballot (check one) ☐ Deliver to me in person at the board of elections

☐ I authorize (give name):_____ to pick up my ballot at the board of elections.

☐ 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 board of elections

☐ I authorize (give name):_____ to pick up my ballot at the board of elections.

☐ 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)

Board Use Only

2010 regular ab app2_rev (6/15/10)

Instructions:

Who may apply for an absentee ballot?
Each person must apply for themselves. It is a felony to make a false statement in an application for an absentee ballot, to attempt to cast an illegal ballot, or to help anyone to cast an illegal ballot.

Information for military and overseas voters:
If you are applying for an absentee ballot because you or your family are in the military or because you currently reside overseas, do not use this application. You are entitled to special provisions if you apply using the Federal Postcard Application. For more information about military/overseas voting, contact your local board of elections or refer to the Military and Federal Voting sections at: http://www.elections.ny.gov/VotingMilitaryFed.html

Where and when to return your application:
Applications must be mailed seven days before the election, or hand-delivered to your county board of elections by the day before the election.

Options available to you if you have an illness or disability:
If you check the box indicating your illness or disability is permanent, once your application is approved you will automatically receive a ballot for each election in which you are eligible to vote, without having to apply again. You may sign the absentee ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp is not allowed for any voting purpose.

When your ballot will be sent:
Your absentee ballot materials will be sent to you at least 32 days before federal, state, county, city or town elections in which you are eligible to vote. If you applied after this date, your ballot will be sent immediately after your completed and signed application is received and processed by your local board of elections. If you provide dates in section 2, identifying the time frame within which you will be absent from your county or from the City of New York, you will be sent a ballot for any primary, general, special election or presidential primary election which might occur during the time frame you have specified. If you prefer, you may designate someone to pick up your ballot for you, by completing the required information in section 6 and/or section 7, as appropriate. Contact your local county board of elections if you have not received your ballot.

Statement of Agent

(In addition to signing below, the agent needs to fill in their name, address and whose ballot they received)

I, _____, residing at _____

_____ hereby accept and did receive an absentee ballot for _____

as authorized on the reverse side of this application.

Dated: _____, 20_____ Signature of Agent: _____

You're Right To Vote.

Monroe County Board of Elections

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www.monroecounty.gov/elections