

## Absentee Ballot Application

**Please print clearly. (See detailed instructions on back of this form.)**

**This application must either be personally delivered to the Village Clerk not later than the day before the election, or postmarked by a governmental postal service not later than the 7<sup>th</sup> day before**

**Election Day.** The ballot itself must either be personally delivered to the Village Clerk no later than the close of polls on Election Day, or postmarked by a governmental postal service and received by the close of polls on Election Day.

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

<input type="checkbox"/>	absence from 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 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"/>	
<input type="checkbox"/>	duties related to primary care of one or more individuals who are ill or physically disabled		

**2) Full Name:** \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**3) Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**4) Address:** \_\_\_\_\_ **NY** \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**5) Delivery of Election Day Ballot (check one):**

<input type="checkbox"/>	Deliver to me in person at the Village Clerk's Office
<input type="checkbox"/>	I authorize (give name): _____ to pick up my ballot at the Village Clerk's Office
<input type="checkbox"/>	Mail ballot to me at (mailing address): _____ Street _____ City _____ State _____ Zip _____

**APPLICANT MUST SIGN BELOW:**

**6) I certify that I am a qualified and a registered 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 an 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 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 on back of this form).

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 it if 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: \_\_\_\_\_  
\_\_\_\_\_

**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 or 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 (845/291-2444) or refer to the Military and Federal Voting sections at: <http://www.elections.state.ny.us/Voting.html>

**Where and when to return your application:**

Applications must be mailed seven days before the election, or hand-delivered to your Village Clerk by the day before the election. The address to mail this application is:

*Village of Walden, One Municipal Square, Walden, NY 12586*

**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 purposes.

**When your ballot will be sent:**

Your absentee ballot materials will be sent to you at least 30 days before the Village election 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 the Village Clerk. If you prefer, you may designate someone to pick up your ballot for you, by completing the required information in section 5. Contact your Village Clerk if you have not received your ballot at 845/778-2177.