

ABSENTEE APPLICATION WESTCHESTER COUNTY

Mail to: **Westchester County Board of Elections**
25 Quarropas Street
White Plains, New York 10601
(914) 995-5700

You May Apply for Any or All Elections

- GENERAL PRIMARY
 SPECIAL VILLAGE

YEAR _____

RESIDENTIAL ADDRESS IN WESTCHESTER COUNTY

Please Print Clearly

Name _____
 Address _____
 City / Town _____
 Date of Birth _____ Phone _____

FOR OFFICIAL USE ONLY
 CITY/TOWN _____
 ELECTION DISTRICT _____
 VOTER ID NO. _____
 PROCESSOR _____

I am a registered voter in Westchester County and am now applying for an Absentee Ballot for all elections for which I am qualified to vote. I know of no reason why I am no longer qualified to vote. I expect in good faith to be absent from Westchester County on the day of the election(s) indicated below for one of the following reasons:

<p>PLEASE CHECK A REASON ON THE LEFT AND COMPLETE STATEMENT ON RIGHT SIDE</p> <p>_____ 1. Business. Fill-in information to the right ▶ _____ 2. Vacation. Fill-in information to the right ▶ _____ 3. Education. School outside Westchester County. Fill-in information to the right ▶ _____ 4. I will be detained in Jail for an offense other than a felony or awaiting trial or Grand Jury action. Fill-in information to right ▶ _____ 5. Temporary Illness. (Home Bound) Fill-in below ▼ & right ▶ _____ 6. Temporary Illness. (Hospital) Fill-in below ▼ & right ▶</p> <p>Nature of Illness: _____</p> <p>_____ 7. I am Permanently confined. Please fill in information in section below. Fill-in below ▼ & right ▶</p>	<p>PLEASE STATE: WHERE YOU WILL BE ON ELECTION DAY (NAME & ADDRESS); BUSINESS, VACATION, SCHOOL, INSTITUTION, HOSPITAL (NAME OF MEDICAL PRACTITIONER OR CHRISTIAN SCIENCE PRACTITIONER)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>DATES: From ___/___/___ To ___/___/___</p> <p>Traveling on Election Day: Indicate Time: Leaving/Returning: _____</p>
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STATEMENT OF PERMANENT DISABILITY/ILLNESS: TO BE PUT ON OUR PERMANENT LIST

STATE NATURE OF ILLNESS/DISABILITY: _____
 I AM PERMANENTLY CONFINED AT : _____
(Name of Facility or Residence if confined at home)

SEND MY BALLOT TO:
(Applies ONLY if address is different from above address)

RELEASE MY BALLOT TO:
 Fill in name of person picking up ballot

Agent must have Photo Identification and complete a request card at the Board of Elections Office at the time Ballot is received.

ALL APPLICANTS MUST FILL OUT ONE OF THE FOLLOWING

SPECIAL NOTE: Power of Attorney or use of a signature stamp is not acceptable

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: _____ **SIGNATURE OF VOTER:** _____

If Applicant is unable to sign the application because of illness or physical disability the following statement must be completed.

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, or have received assistance in making my mark in lieu of my signature.

DATE: _____ **MARK OF VOTER:** _____

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 his/her mark to said application, 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 WITNESS:** _____

THIS APPLICATION MUST BE POSTMARKED NOT LATER THAN SEVEN (7) DAYS BEFORE ELECTION OR IN PERSON APPLICATION AND VOTING UP TO 5:00 PM DAY BEFORE THE ELECTION.