

ABSENTEE BALLOT APPLICATION (8-400)
Broome County Board of Elections/PO Box 1766/Binghamton, NY 13902

For office use only PPR# _____ City/Town _____ ED _____ Party _____	COUNTER USE Voted in Office _____ (int) Ballot Taken _____ (int)
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*****ALL APPLICANTS MUST COMPLETE THE FOLLOWING (A.)*****

A. I am requesting an absentee ballot for: **PRIMARY 9/12/17** **GENERAL 11/7/17** **BOTH**

Applicant's Name: _____

Residence Address: _____

Phone #: _____

DATE OF BIRTH: _____/_____/_____

Fill out B. C. or D.

MAIL BALLOT TO THIS ADDRESS IF DIFFERENT FROM RESIDENCE

Release ballot to: _____
(Fill in only if being picked up in person)

B. STATE THE REASON WHY YOU WILL BE ABSENT ON THE DAY OF THE ELECTION

REASON (check one):

- _____ 1. Absent from Broome County *optional* dates of absence from the county _____
- _____ 2. Temporary Illness
- _____ 3. Duties related to the care of one or more individuals who are ill or physically disabled
- _____ 4. I will be detained in jail awaiting action by a grand jury or a trial or confined in jail for an offense other than a felony.

C. SECTION 11-302 Special Ballots

_____ Election Law Section 11-300: It is against my religious scruples to vote at a polling place located in a premise used for religious purposes. (Ballot to be cast in person not earlier than one (1) week before the election and not later than the close of polls on election day)

_____ Election Law Section 11-302: My duties as a Board of Elections employee, election inspector, poll clerk, election coordinator, or voting machine custodian/technician require me to be elsewhere. (Ballot to be cast not earlier than two (2) weeks before the election and not later than the close of polls on election day)

_____ Election Law Section 11-306: I do hereby swear or affirm that I am a victim of domestic violence, and further that I have been forced to leave my residence because of such violence, and further that because of the physical harm to myself or members of my family residing with me, I wish to cast a special ballot. (Ballot to be cast in person not earlier than one (1) week before the election and not later than the close of polls on election day)

OR

D. ONLY FOR PERMANENT ILLNESS OR DISABILITY

_____ I am hereby applying for an absentee ballot due to permanent illness or physical disability

NOTE: PERMANENT ILLNESS OR DISABILITY QUALIFIES YOU FOR AN ABSENTEE BALLOT TO BE MAILED TO YOU FOR FUTURE ELECTIONS, WITHOUT MAKING FURTHER APPLICATION

A. ***ALL APPLICANTS MUST SIGN BELOW*******

I CERTIFY THAT I AM A QUALIFIED AND REGISTERED VOTER, AND I DO NOT KNOW OF ANY REASON WHY I NO LONGER QUALIFY TO VOTE 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.

DATE: ____/____/____ **SIGNATURE:** _____

ONLY TO BE COMPLETED BY PERSON WHO SIGNS WITH AN X

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: ____/____/____ **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 his/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)

 (Address of witness)

Applications MAILED must be postmarked seven (7) days before the Election. Applications DELIVERED IN PERSON must be received by the Broome County Elections not later than the day before the Election.