

PR _____	GE _____	PER _____	ELECTION DISTRICT
			ASSEMBLY DISTRICT

ABSENTEE BALLOT APPLICATION

To the Board of Elections in the City of New York

Registration Serial Number _____
(To be filled in by Board)

I, _____ am applying for an Absentee Ballot for Election Day, _____, 20 _____.
(Print or type name)

I am a REGISTERED voter of the City of New York, residing at _____,
Address at which registered in NYC

in the County of _____. My date of birth is ____ / ____ / ____ . I know of no reason why I am no longer qualified to vote.

CHECK
ONLY
ONE

- Due to Duties, Occupation, Business, Studies (Complete Sections **A** and **F**)
- Due to Vacation (Complete Sections **A** and **F**)
- Due to being Patient or Inmate in V.A. Hospital (Complete Sections **B** and **F**)
- Due to Jail or Prison (Complete Sections **C** and **F**)
- Due to Illness, Physical Disability or being a Hospital Patient
(Complete Sections **D** and **F**)
- Due to Accompanying a Spouse, Parent or Child (Complete Sections **E** and **F**)
(See below for Instructions)

A DUTIES, OCCUPATION, BUSINESS, STUDIES or VACATION

I expect in good faith to be absent from the City of New York on such Election Day, because my duties, occupation, business, or studies, or vacation require me to be elsewhere, as follows: (check appropriate box)

1. Explain special circumstances requiring your absence, if your duties, occupation, business, or studies do not ordinarily require absence.
(Do not complete for VACATION)
2. Give dates when you expect to begin and end your absence.
3. Place or places where you expect to be on vacation (VACATION only):
4. Name of employer, if any:
(If self-employed, retired, or unemployed, so state—if student, give name of school)
5. Address of employer:
(If student, give address of school)

➡ GO TO SECTION **F**

B PATIENT OR INMATE OF V.A. HOSPITAL

I am a qualified voter registered as a patient or inmate of _____
(Give name of hospital)
Veteran's Administration Hospital, and on such Election Day, I expect in good faith to be in such hospital.

➡ GO TO SECTION **F**

C JAIL OR PRISON

On such Election Day, I expect in good faith to remain (check appropriate box or boxes)

- detained in _____ Jail, awaiting trial or awaiting action by a grand jury.
(Give Place)
- confined in _____ Prison for conviction of a crime or offense which was not a felony.
(Give Place)

➡ GO TO SECTION **F**

D ILLNESS, PHYSICAL DISABILITY, OR HOSPITAL PATIENT

In good faith, I expect to be unable to appear at my polling place on such Election Day because (check appropriate box or boxes)

I am ill or physically disabled, and my medical practitioner or Christian Science practitioner, (Name and address of medical practitioner or Christian Science practitioner), advised me not to.

I expect to be a patient in (Give Name) Hospital, whose address is

PERMANENT ILLNESS OR PERMANENT DISABILITY

(Check if applicable) My illness or disability is permanent. Please mail Absentee Ballots to me for all future elections without further application. The nature of my permanent illness or disability is

GO TO SECTION F

E ACCOMPANYING A SPOUSE, PARENT, OR CHILD

I expect in good faith to be absent from the City of New York on such Election Day, because I will be accompanying my spouse, parent, child, who falls within one of the foregoing categories. Name and address of such relative:

(In the event this application is not accompanied by the application of such spouse, parent, or child, you must complete the appropriate section above by setting forth the details as they relate to him.)

GO TO SECTION F

F ALL APPLICANTS MUST FILL OUT THE FOLLOWING

Delivery of ballot (check one)

- Deliver to me in person at board of elections.
- Deliver to (Name) whom I hereby authorize to receive my ballot.
- Mail ballot to me at (Address)
- The ballot was previously requested in my signed letter and I am enclosing it in the Ballot Envelope.

APPLICANT 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 Signature of Voter

(If applicant is unable to sign application 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 received assistance in making, my mark in lieu of my signature.

Date (Name of Voter) Mark

I, the undersigned, hereby certify that the above named voter affixed his mark to this application in my presence and I know him to be the person who affixed his 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.

(Address of witness to mark)

(Signature of witness to mark)

INSTRUCTIONS

1. Check the appropriate box specifying the reason for this application.
2. Complete the appropriate section, as well as section F.
3. Remember to sign the application, or, if ill, disabled, or unable to read, have your mark witnessed.
4. This application must be mailed to your county's Board of Elections (see address below) not later than the 7th day before Election Day or delivered to the Board not later than the day before Election Day. The ballot itself must either be delivered to the Board of Elections no later than the close of polls on the day of election or postmarked by a governmental postal service not later than the day before election and received no later than the 7th day after election

BOROUGH OFFICES OF THE BOARD OF ELECTIONS

Manhattan, 200 Varick Street, New York, N.Y. 10014 (212) 886-2100
Bronx, 1780 Grand Concourse, Bronx, N.Y. 10457 (718) 299-9017
Brooklyn, 345 Adams Street, Brooklyn, N.Y. 11201 (718) 797-8800
Queens, 126-06 Queens Blvd., Kew Gardens, NY 11415 (718) 730-6730
Staten Island, One Edgewater Plaza, Staten Island, N.Y. 10305 (718) 876-0079