

# New York State Absentee Ballot Application

Please print clearly. See detailed instructions.

This application may only be used by a qualified voter who resides in a district with a system of personal registration. The application must either be personally delivered to your school district clerk not later than the day before the election if the ballot is to be delivered in person or must be received by the district clerk not later than seven days before the election if the ballot is to be mailed to the voter. The ballot itself must be received by the school district clerk by 5 PM on the day of the election in order to be canvassed.

BOARD USE ONLY:

Town/City/Ward/Dist: \_\_\_\_\_

Registration No: \_\_\_\_\_

Party: \_\_\_\_\_

voted in office

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

- |   |  |
|---|--|
| <input type="checkbox"/> absence from county or New York City on election day   | <input type="checkbox"/> resident or patient of a Veterans Health Administration Hospital  |
| <input type="checkbox"/> temporary illness or physical disability   |  |
| <input type="checkbox"/> permanent illness or physical disability   | <input type="checkbox"/> 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 |
| <input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled |  |

2. absentee ballot(s) requested for the following election(s) :

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Primary Election only   | <input type="checkbox"/> General Election only | <input type="checkbox"/> Special Election only |
| <input type="checkbox"/> Any election held between these dates: absence begins: ____/____/____ absence ends: ____/____/____<br><small>MM/DD/YYYY</small> <small>MM/DD/YYYY</small> |  |  |

3. last name or surname	first name	middle initial	suffix
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4. date of birth MM/DD/YYYY ____/____/____	county where you live	phone number (optional)	email (optional)
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5. address where you live (residence) street	apt	city	state	zip code
<b>NY</b>				

6. **Intentionally Omitted by the School District**

7. Delivery of General (or Special) Election Ballot (check one)	<input type="checkbox"/> Deliver to me in person at the office of the school district clerk
<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the office of the school district clerk	
<input type="checkbox"/> 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: <b>X</b> _____ Date ____/____/____ <small>MM/DD/YYYY</small>

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: \_\_\_\_\_  
MM/DD/YYYY

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.

\_\_\_\_\_  
(address of witness to mark)

\_\_\_\_\_  
(signature of witness to mark)

Note: The modifications to the instructions and Section 7 and the deletion of Section 6 were made by the school district to adapt the State Board of Elections Application for school district elections in response to the 2019 amendment to Education Law section 2018-a.

## **Instructions**

### **Who may use this school district absentee ballot application form?**

This application is only to be used by a qualified voter who resides in a school district with a system of personal registration. Voters in districts without a system of personal registration must use a different form provided by their school district. Each person must apply for themselves. In order to qualify as a voter in a school district a person must be:

- A citizen of the United States.
- Eighteen years of age.
- A resident within the district for a period of thirty (30) days next preceding the meeting or election at which s/he offers to vote.
- No person shall have the right to register for or vote at any school district meeting or election who would not be qualified to register for or vote at an election in accordance with the provisions of section 5-106 of the Election Law.

### **Information for military voters**

If you are applying for an absentee ballot because you will be absent from the school district on the day of election, budget vote or referenda due to military service do not use this application. You are entitled to special provisions if you file an application for a school district military absentee ballot. Contact your school district to receive the appropriate application form.

A military voter is:

- A qualified voter of the state of New York who is in active military service or has been discharged from such service within thirty (30) days of the election, budget vote or referenda; or
- The spouse, parent, child or dependent of such a voter accompanying or being with him or her, if a qualified voter and resident of the same school district.

### **Where and when to return your school district absentee ballot application:**

Applications should not be sent to the school district more than thirty (30) days in advance of the election. The application must either be personally delivered to your school district clerk not later than the day before the election if the ballot is to be delivered in person or must be received by the district clerk not later than seven (7) days before the election if the ballot is to be mailed to the voter.

The ballot itself must be delivered to the school district clerk by 5 PM on the day of the election in order to be canvassed.

### **When your school district absentee ballot will be sent:**

Ballots will be sent not later than six (6) days prior to the election if the ballot is to be mailed. When an application is received in person later than seven (7) days before the election the clerk shall deliver the ballot when such applicant or agent designated by the applicant, appears in the district clerk's office.