

# Wayne County Absentee Ballot Application

Wayne County Board of Elections, 157 Montezuma St, PO Box 636, Lyons, NY 14489

Telephone: 315 946-7400 Faxed application not acceptable.

\*This application must completely filled out and be postmarked no later than seven (7) days before election.

\*In person application and voting (at our office location) allowed up to 5 P.M. the day before election.



### For office use only

Telephone (to reach you if needed): \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS(Wayne County) \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEND BALLOT TO:\_(if different than above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Town _____	Dist _____
Registration# _____	
Party _____	
Envelopes Prepared & Mailed:	
Date _____	By _____
_____ Voted in Office	_____ ABS File done
Ballot Taken _____	

\_\_\_\_\_ Deliver to me **in person** at the board of elections \_\_\_\_\_

\_\_\_\_\_ Deliver to \_\_\_\_\_ whom I

authorize to receive my ballot (if someone is picking up your ballot from our office)

### \*STATE THE DATES AND REASONS OF SUCH ABSENCE FROM WAYNE COUNTY\*

#### REASON: (CHECK ONE)

DATES FROM: / / TO / /

\_\_\_\_\_ 1. Duties, Occupation, Business

LOCATION OUTSIDE OF WAYNE COUNTY: ↓

\_\_\_\_\_ 2. Vacation

\_\_\_\_\_ 3. Education (School outside Wayne County)

→ \_\_\_\_\_ ←

\_\_\_\_\_ 4. Temporary illness (Home)

\_\_\_\_\_ 5. Temporary Illness (Hospital)

\_\_\_\_\_ 6. I will be detained in Jail for an offense other than felony or awaiting trial or grand jury action (Print name of institution) \_\_\_\_\_.

\_\_\_\_\_ 7. It is against my religious scruples to vote at a polling place located in a premise used for religious purposes.

\_\_\_\_\_ 8. My duties as a Board of Elections employee, inspector, coordinator or custodian, require me to be elsewhere

\_\_\_\_\_ 9. 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. (Not earlier than 1 week before election and not later than close of polls on election day)

\_\_\_\_\_ 7. I am permanently confined (**Statement below must be completed**)

### STATEMENT OF PERMANENT DISABILITY OR CONFINEMENT

State nature of illness or disability \_\_\_\_\_

I AM PERMANENTLY CONFINED AT: \_\_\_\_\_

(Name of Institution or residence if confined at home)

**\*Special Notice: Power of Attorney or use of signature stamp is not acceptable. Signature must be a signature or voter's mark.**

### ALL APPLICANTS MUST FILL OUT STATEMENT ONE OR TWO

1. I certify that the information in 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: (NO POA) \_\_\_\_\_

### 2. IF APPLICANT IS UNABLE TO SIGN THE APPLICATION BECAUSE OF ILLNESS OR PHYSICAL DISABILITY THE FOLLOWING STATEMENTS MUST BE COMPLETED.

By my mark, duly witnessed hereunder, I state that I am unable to write because of my illness, physical disability or I cannot read. I have made or have received assistance in making my mark in lieu of my signature.

DATE: \_\_\_\_\_ MARK OF VOTER: \_\_\_\_\_

I 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 the application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a false statement, shall subject me to the same penalties as if I had been duly sworn.

DATE: \_\_\_\_\_ SIGNATURE OF WITNESS TO MARK: \_\_\_\_\_