FORM 5 (revised 6/12)

New York Village Absentee Ballot Application

Please print clearly.

This application must either be personally delivered to your village clerk's office not later than the day before the election, or postmarked by a governmental postal service not later than 7th day before election day. The ballot itself must either be personally delivered to the village clerk's office no later than the close of polls on election day.

CLERK USE ONLY:

Village/City/Ward/Dist: _____

Registration No: _____

Party: _____

☐ voted in office

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

- ☐ absence from the village on election day
- ☐ temporary illness or physical disability
- ☐ permanent illness or physical disability
- ☐ duties related to primary care of one or more individuals who are ill or physically disabled
- ☐ patient or inmate in a Veterans' Administration Hospital
- ☐ 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

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

☐ Primary Election only ☐ General Election only ☐ Special Election only

☐ Any election held between these dates: absence begins:_____/_____/_____ absence ends:_____/_____/_____

3.

last name or surname	first name	middle initial	suffix

4.

date of birth	county where you live	phone number (optional)
_____/_____/_____		

5.

address where you live (residence) street	apt	city	state	zip code
			NY	

6. Delivery of Primary Election Ballot (check one) ☐ Deliver to me in person at the village office

☐ I authorize (give name):_____to pick up my ballot at the village office.

☐ Mail ballot to me at: (mailing address)

_____

street no. street name apt. city state zip code

7. Delivery of General (or Special) Election Ballot (check one) ☐ Deliver to me in person at the village office

☐ I authorize (give name):_____to pick up my ballot at the village office.

☐ 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: X_____**Date**_____/_____/_____

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:_____

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.

_____ _____

(signature of witness to mark)

_____

(address of witness to mark)

Clerk's Use Only