

**COUNTY ABSENTEE BALLOT APPLICATION**

You may apply for any or all elections       General       Primary

<b><u>For office use only</u></b>
Serial#
Election District
Party
Ballot Issued
<input type="checkbox"/> Civilian <input type="checkbox"/> Permanent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I am a registered voter in Genesee County and do now apply for an Absentee Ballot for the elections checked above. I know of no reason why I am no longer qualified to vote.

Deliver to me at the Board of Elections

Deliver to \_\_\_\_\_ whom I hereby authorize to receive my ballot

Mail ballot to me at: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for application (check one)

A. I expect in good faith to be absent from Genesee County on the day of the election(s) indicated above because my duties, occupation, business, studies or vacation require me to be elsewhere as follows:

Please state where you will be \_\_\_\_\_

Your employer or school \_\_\_\_\_

Dates you intend to be out of the County \_\_\_\_\_

B. Due to illness or disability (check one)       Temporary       Permanent

I certify that I have been advised by my medical or Christian Science practitioner that I will be unable to appear personally at my polling place. Give name and address of practitioner

\_\_\_\_\_

I will be confined       at home       In a hospital.      Give name and address of hospital.

C. I will be confined pending trial in a criminal proceeding or for conviction of a crime or offense other than a felony. Please state place detained or confined:

D. I am an inmate or patient of a veteran's administration hospital. Give name and address of hospital

**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 the applicant is unable to sign the application because of illness or physical disability or inability to read, the following statements must be completed.

Date: \_\_\_\_\_ 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.

Signature of Witness: \_\_\_\_\_ Address of \_\_\_\_\_

Witness: \_\_\_\_\_

## **INSTRUCTIONS TO ABSENTEE VOTERS**

- 1. All registered voters must fill out in full the statement on the front side of this form and personally sign it (unless physically unable to do so).**
- 2. Unless you have applied for an absentee ballot as a permanently disabled person, this application is good only for the primary, special or general election to which it specifically pertains. You must, unless permanently disabled, renew your application for each primary, special or general election if you are still eligible to vote absentee.**
- 3. This application must be mailed to the Board of Elections not later than the seventh day before the election or delivered to the Board not later than the day before the election.**

**GENESEE COUNTY BOARD OF ELECTIONS  
COUNTY BUILDING ONE  
P.O. BOX 284  
BATAVIA, NEW YORK 14021-0284**