

# Orleans County Board of Elections ABSENTEE BALLOT APPLICATION

Mail to : Board of Elections  
Orleans County  
1402 State Route 31  
Albion, NY 14411  
Tel.No. (716) 589-7004  
Ext. 589-3270, 589-3222

FOR OFFICE USE ONLY

TOWN \_\_\_\_\_  
DISTRICT \_\_\_\_\_  
REG.NO. \_\_\_\_\_  
REG.DATE \_\_\_\_\_  
PARTY \_\_\_\_\_  
SIGNATURE CHECKED  
DATE \_\_\_\_\_ BY \_\_\_\_\_  
ENVELOPES PREPARED  
DATE \_\_\_\_\_ BY \_\_\_\_\_  
BALLOT MAILED  
DATE \_\_\_\_\_ BY \_\_\_\_\_  
2<sup>ND</sup> BALLOT SENT \_\_\_\_\_ BY \_\_\_\_\_  
VOTED IN OFFICE \_\_\_\_\_  
BALLOT TAKEN \_\_\_\_\_

### ADDRESS IN ORLEANS COUNTY

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

I am a registered voter in Orleans County and do now apply for an Absentee Ballot for all elections for which I am qualified. I know of no reason why I am no longer qualified to vote.

SEND BALLOT TO: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_

### I will be absent from Orleans County on the day of election for one of the following reasons:

PLEASE CHECK COLUMN ON LEFT AND COMPLETE STATEMENT ON RIGHT

- \_\_\_\_ 1. BUSINESS
- \_\_\_\_ 2. VACATION
- \_\_\_\_ 3. EDUCATION (SCHOOL OUTSIDE ORLEANS 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. I AM PERMANENTLY CONFINED (Statement below must be completed)
- \_\_\_\_ 8. I SERVE AS AN ELECTION INSPECTOR ON ELECTION DAY

Dates you intend to be out of Orleans County—  
From \_\_\_\_\_ To \_\_\_\_\_  
Please state where you will be on Election Day  
\_\_\_\_\_

### 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 THE FOLLOWING:

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 \_\_\_\_\_

If applicant is unable to sign the application because of illness or physical disability the following statement 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 \_\_\_\_\_

This application must be postmarked seven (7) days before election.  
In-person application and voting up to 5:00 P.M. day before election.