

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 _____
2ND 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.