

# MADISON COUNTY ABSENTEE BALLOT APPLICATION (8-400)

YOU MAY APPLY TO: Madison County Board of Elections, PO Box 666, Wampsville, NY 13163 (315) 366-2231

I AM A REGISTERED VOTER IN MADISON COUNTY AND I KNOW OF NO REASON WHY  
I AM NO LONGER QUALIFIED TO VOTE  
I AM REQUESTING AN ABSENTEE BALLOT FOR THE ELECTION YEAR \_\_\_\_\_

Applicant's name \_\_\_\_\_ DOB \_\_\_\_\_ Phone # \_\_\_\_\_

Madison County Residence: \_\_\_\_\_

Email address: \_\_\_\_\_

Mail ballot to this address: \_\_\_\_\_

(Ballots are mailed approximately 3 weeks before each election)

## FOR OFFICE USE ONLY

T/W/D \_\_\_\_\_

Party \_\_\_\_\_

Reg # \_\_\_\_\_

Exp Date \_\_\_\_\_

Comments \_\_\_\_\_

I qualify for voting by Absentee Ballot because I expect in good faith to be absent from Madison County on the day of the election for one of the following reasons:

\_\_\_\_\_ Duties, Occupation, or Business

State here the dates and location for such absence :

\_\_\_\_\_ Vacation or other personal reasons

LOCATION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ Education (Institution outside Madison County)

**If leaving or arriving on the day of the Election, please specify times**

\_\_\_\_\_ Temporary illness at home or hospital

\_\_\_\_\_ I will be detained in jail for an offense other than a felony  
or awaiting trial or grand jury action

For Election Dates go to <http://www.madisoncounty.org/>

## ALL APPLICANTS 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.*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Applications must be signed and delivered to the Madison County Board of Elections not later than the close of business the day before Election Day or postmarked seven (7) days before the election.

## THIS SECTION TO BE COMPLETED ONLY BY PERSONS WHO SIGN WITH AN "X"

*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 received assistance in making my mark in lieu of my signature.*

Date \_\_\_\_\_ Mark of Applicant \_\_\_\_\_

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

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