

# MADISON COUNTY ABSENTEE BALLOT APPLICATION (8-400)

## ONLY FOR PERMANENT ILLNESS OR DISABILITY

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

Applicant's name \_\_\_\_\_ DOB \_\_\_\_\_

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

Mail ballot to this address if different from residence: \_\_\_\_\_  
(Ballots are mailed approximately 3 weeks before each election)

Phone number/ email: \_\_\_\_\_

### FOR OFFICE USE ONLY

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

Party \_\_\_\_\_

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

Comments \_\_\_\_\_

I qualify for voting by Permanent Absentee Ballot because I am confined due to permanent illness or disability.

State name and address of Medical or Christian Science Practitioner: \_\_\_\_\_

State nature of illness or disability: \_\_\_\_\_

I am permanently confined at: \_\_\_\_\_  
(Name and address of institution or residence if confined at home)

NOTE: This application qualifies you to automatically receive an absentee ballot for each election you qualify for, without filing out a new application.

### 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 \_\_\_\_\_