# New York State Absentee Ballot Application

**Please print clearly.** See detailed instructions.

**This application must either be personally delivered to** Malverne Village Hall **not later than the day before the election, or postmarked by a governmental postal service not later than 7th day before election day.** The ballot itself must either be personally delivered to the board of elections no later than the close of polls on election day, or postmarked by a governmental postal service not later than the day before the election and received no later than the 7th day after the election.

*BOARD USE ONLY:*

*Town/City/Ward/Dist:* _____

*Registration No:* _____

*Party:* _____

☐ *voted in office*

**1.** **I am requesting, in good faith, an absentee ballot due to (check one reason):**

- ☐ absence from county or New York City on election day
- ☐ temporary illness or physical disability
- ☐ permanent illness or physical disability
- ☐ duties related to primary care of one or more individuals who are ill or physically disabled
- ☐ resident or patient of a Veterans Health Administration Hospital
- ☐ detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony

**2.** absentee ballot(s) requested for the following election(s) :

☐ Primary Election only ☐ General Election only ☐ Special Election only

☐ Any election held between these dates: absence begins: ____/____/____ (MM/DD/YYYY) absence ends: ____/____/____ (MM/DD/YYYY)

**3.**

| last name or surname | first name | middle initial | suffix |
|---|---|---|---|
| | | | |

**4.**

| date of birth MM/DD/YYYY | county where you live | phone number (optional) | email (optional) |
|---|---|---|---|
| ____/____/____ | | | |

**5.** address where you live (residence) street | apt | city | state | zip code

**NY**

**6.** Delivery of Primary Election Ballot (check one) ☐ Deliver to me in person at the board of elections

☐ I authorize (give name): _____ to pick up my ballot at the board of elections.

☐ Mail ballot to me at: (mailing address)

street no. | street name | apt. | city | state | zip code

**7.** Delivery of General (or Special) Election Ballot (check one) ☐ Deliver to me in person at the board of elections

☐ I authorize (give name): _____ to pick up my ballot at the board of elections.

☐ Mail ballot to me at: (mailing address)

street no. | street name | apt. | city | state | zip code

## Applicant Must Sign Below

**8.** I certify that I am a qualified and a registered (and for primary, enrolled) voter; and that the information in this application is true and correct and 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.

**Sign Here: X** _____ **Date** ____/____/____ (MM/DD/YYYY)

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: By my mark, duly witnessed hereunder, 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 have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

Date ___/___/___ (MM/DD/YYYY) Name of Voter: _____ Mark: _____

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her 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.

_____ _____

(address of witness to mark) (signature of witness to mark)

**RETURN TO: Incorporated Village Of Malverne**
**99 Church Street, Malverne NY 11565**

Board Use Only
2015 Absentee Ballot Application