



ABSENTEE BALLOT APPLICATION (8-400)

CHEMUNG COUNTY BOARD OF ELECTIONS

378 S. Main Street - PO Box 588

Elmira, New York, 14902-0588

607-737-5477

FOR OFFICE USE ONLY:	
Registration # _____	Ballot Mailed _____
Leg/Elec District _____	Taken _____
Party Enrollment _____	Voted in Office _____

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

I am requesting an absentee ballot for the following election(s):

Both Primary and General _____

Primary Election Only _____

General Election Only _____

Applicants Name _____ / ____ / ____
(Last) (First) (Initial) **Date of Birth**

Home Address _____
(Street) (City/Town) (Zip)

MAIL BALLOT TO ME AT THIS ADDRESS: _____

I QUALIFY FOR AN ABSENTEE BALLOT BECAUSE I WILL BE ABSENT FROM CHEMUNG COUNTY ON ELECTION DAY FOR THE FOLLOWING REASON:

- _____ Duties, Occupation, or Business
- _____ Vacation
- _____ Education (School outside Chemung County)
- _____ Temporary Illness (At Home)
- _____ Temporary Illness (In Hospital)
- _____ Detained in jail for an offense other than a felony, or waiting trial or grand jury action
- _____ I am confined due to permanent illness or disability (Must complete statement below)

I WILL BE ABSENT FROM: _____ **UNTIL** _____

FOR PERMANENT ILLNESS OR DISABILITY ONLY

State nature of illness or disability _____

I am permanently confined at _____
(Name of Institution/Home address if confined at home)

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."

X _____
(Signature of Applicant) (Date)

TO BE COMPLETED BY PERSON WHO SIGNS 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 have received assistance in making my mark in lieu of my signature."

_____ (Mark) _____ (Date)

"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 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."

_____ (Signature of Witness) _____ (Address of Witness)