

# Absentee Ballot Application

You May Apply For One or More:

- General Election  
  Primary Election  
  Special Election  
  Village Election

Village of Wesley Hills  
 432 Route 306  
 Wesley Hills, NY 10952

Name \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number - Home \_\_\_\_\_ Work \_\_\_\_\_

**Reason for Application (check one)**

- A.** I expect in good faith to be absent from Rockland County on the day of the election(s) indicated above for the following reason. (Check one)  
 My duties, studies, occupation or business require me to be elsewhere  
 I will be on vacation

Please state where you will be \_\_\_\_\_

Your employer or school \_\_\_\_\_

DATES you intend to be out of the county FROM \_\_\_\_\_ TO \_\_\_\_\_

- B.** I will be confined pending trial in a criminal proceeding or for a conviction of a crime or offense other than a felony. Give particulars:

\_\_\_\_\_

- C. Due to illness or disability**     
  Temporary     
  Permanent

I certify that I have been advised by my PHYSICIAN or Christian Science practitioner (give name and address of PHYSICIAN or Practitioner).

that I will be unable to appear personally at the polling place of the election district in which I am a registered voter on the day of the election indicated above for the reason checked.

- Check one:     
  Illness     
  Physical Disability  
 I will be confined:     
  At home     
  In a hospital (give dates and name and address of hospital) \_\_\_\_\_

Reason for illness or disability \_\_\_\_\_

I am a registered voter in Rockland County and do now apply for an Absentee Ballot for the elections checked above. I know of no reason why I am no longer qualified to vote.

MAIL BALLOT TO ME AT: \_\_\_\_\_

OR \_\_\_\_\_

**BALLOT PICKED UP (Check One)** (By law voter must give permission for ballot to be picked up)

- I hereby authorize \_\_\_\_\_ to receive my ballot  
 In person

## APPLICANT 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.

Date \_\_\_\_\_ Signature of Voter \_\_\_\_\_

**If applicant is unable to sign**

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

Date \_\_\_\_\_ Name of Voter \_\_\_\_\_ Mark \_\_\_\_\_

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 this 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 the witness to mark)

(Address of witness to mark)

FOR OFFICE USE ONLY	
Town _____	ED _____ Leg Dst _____
Party _____	Village _____
Reg. # _____	AD _____
_____ P	_____ G
Entered _____	_____
Bal Mailed _____	_____
Illness	<input type="checkbox"/> Temp <input type="checkbox"/> Perm