

**ABSENTEE BALLOT APPLICATION**  
*General or Special Election*

Where such duties, occupation or business are of such a nature as ordinarily to require such absence, a brief description of such duties, occupation or business shall be set forth in such application. Where such duties, occupation or business are not of such a nature as ordinarily to require such absence, such application shall contain a statement of the special circumstances on account of which such absence is required. Where the absence is because of detention or confinement to jail, such application shall state whether the voter is detained awaiting action of the grand jury or is confined after conviction for an offense other than a felony.

CATEGORY (check one):

- A. Duties, occupation, business, studies or vacation
- B. Temporary illness or disability
- B-1. Permanent illness or disability
- C. Detained or confined in jail or prison

I, \_\_\_\_\_, an applicant for an absentee ballot, state:  
(name - type or print clearly)

I reside at \_\_\_\_\_  
(address from which you are registered)

I am a qualified registered voter and I know of no reason why I am no longer qualified to vote.

**(COMPLETE APPROPRIATE SECTION BELOW)**

**A. DUTIES, OCCUPATION, BUSINESS, STUDIES OR VACATION**

I expect in good faith to be absent from the County of Nassau on the day of the next \_\_\_\_\_ general \_\_\_\_\_ special election because my duties, occupation, business, studies or vacation requires me to be elsewhere, as follows:

1. Explain briefly your position and nature of duties, occupation, studies or business requiring such absence. If absence is based on vacation, so state and give dates when you expect to begin and end your vacation. \_\_\_\_\_
2. Place or places where you expect to be on vacation \_\_\_\_\_
3. Name of employer, if any \_\_\_\_\_  
(if self-employed or retired, so state; if student, give name of school)
4. Address of employer \_\_\_\_\_  
(if student, give address of school)
5. If you are the accompanying spouse, parent or child of person entitled to absentee ballot:  
Name of such person \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Home address (where registered) \_\_\_\_\_  
Reason for such person's absence \_\_\_\_\_
6. If you are applying because you are, or expect to be, a patient in a veterans' hospital, give name and address of hospital  
\_\_\_\_\_  
\_\_\_\_\_

**B. TEMPORARY ILLNESS OR DISABILITY**

Because of \_\_\_\_\_ illness \_\_\_\_\_ physical disability, I will be unable to appear personally at the polling place for my Election District on the day of the next primary election. I expect in good faith to be confined at (insert "home" or name and address of hospital or institution) \_\_\_\_\_ and have been advised by (insert name, address and phone number of physician or Christian Science practitioner or name and title of medical superintendent or administrative head of hospital or institution) \_\_\_\_\_

that I will be unable to appear.

**B-1. PERMANENT ILLNESS OR DISABILITY**

Complete "B" above and check here: \_\_\_\_\_

I hereby certify that such illness or disability is permanent and request that absentee ballots be mailed to me for future elections without my making further application.

**C. DETAINED OR CONFINED IN JAIL OR PRISON**

I will be unable to appear personally at the polling place for my Election District on the day of the next \_\_\_\_\_ general \_\_\_\_\_ special election because I expect in good faith to be:

- Detained in jail
  - Awaiting action by a grand jury or
  - Awaiting trial
  - Confined in prison after conviction for an offense other than a felony
- Place where confined or detained \_\_\_\_\_

**OFFICE USE ONLY**

AD\_\_\_\_\_ ED\_\_\_\_\_ Applicant's Full Name: \_\_\_\_\_

Town or City\_\_\_\_\_

Enter Dates and Initials:

Ser.#\_\_\_\_\_ Ser.# verified\_\_\_\_\_ Keypunched\_\_\_\_\_

Not Reg.: \_\_\_\_\_ (check here) Envelopes labeled\_\_\_\_\_

Notif. not eligible\_\_\_\_\_ Ballot mailed\_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE THIS SECTION**

If application is approved, send ballot to me, or to member of my family at:

\_\_\_\_\_  
(Print clearly - your own name or other) (Street Address) (Apt. if any)

\_\_\_\_\_  
(City or Village - Post Office Name) (State) (Zip) (Country)

-- OR --

\_\_\_ Deliver my ballot, at the office of the Election Chair, to the person designated in my signed letter accompanying this application.

I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand that if I make any material false statement in the foregoing statement of application for absentee ballot, I shall be guilty of a misdemeanor.

Date \_\_\_\_\_, 201\_\_\_\_\_  
\_\_\_\_\_  
(Signature of Voter)

**IF 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. I have made, or have received assistance, in making my mark in lieu of my signature.

Date \_\_\_\_\_, 201\_\_\_\_\_  
\_\_\_\_\_  
(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 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) (Signature of Witness)