

Absentee Ballot Application

You May Apply For One or More:

- General Election
 Primary Election
 Special Election
 Village Election

The Rockland County Board of Elections
11 New Hempstead Road
New City, New York 10956-3695

Name _____

Residence Address _____

_____ Zip _____

Telephone Number - Home _____ Work _____

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 <input type="checkbox"/>

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 _____ Mark _____
Name of Voter _____

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)