

ABSENTEE BALLOT APPLICATION (8-400)
VILLAGE OF AURORA
456 Main Street, Aurora, NY 13026-9790
www.auroranewyork.us

TIME STAMP

FOR OFFICE USE ONLY: (Village Clerk fills out this box)

Employee Initials _____

VOTED IN OFFICE _____

BALLOT TAKEN _____

***** ALL APPLICANTS MUST COMPLETE THE FOLLOWING *****

I am requesting an absentee ballot for (check one):

_____ Primary Election

_____ General Election

_____ Both Primary and General Elections

Applicant's Name _____
Last First Initial Date of Birth

Home Address _____

MAIL BALLOT TO THIS ADDRESS: (Ballots Are Mailed Approx. 3 Weeks Before Each Election) :

Street Address (residence) _____ Apt. _____

City _____ NY State _____ Zip Code _____

Phone # _____ E-mail address: _____

(not required; for contact purposes only)

I qualify for voting by Absentee Ballot because I will be absent from the Village of Aurora on the day of the Election and/or for one of the following reasons; Please check the column on the left and complete the right-hand column as to the reason for your absence.

1. Duties, Occupation or Business ALSO, STATE THE DATES/REASONS FOR ABSENCE

2. Vacation Reason _____

3. Education (School OUTSIDE of Cayuga County) Location _____

4. Temporary Illness (At Home) Date from _____ 20 ____, to _____ 20 __.

5. Temporary Illness (In Hospital) Print name of institution: _____

6. I will be detained in jail for an offense other than a felony or awaiting trial or grand jury action.

7. I am confined due to permanent illness or disability (Statement below must be completed)

ONLY FOR PERMANENT ILLNESS OR DISABILITY

I am hereby applying for an absentee ballot because of the following reason:

(State nature of illness or disability) _____

I am permanently confined at _____

(Name and address of institution or residence if confined at home)

NOTE: PERMANENT ILLNESS OR DISABILITY QUALIFIES YOU FOR AN ABSENTEE BALLOT TO BE MAILED TO YOU FOR FUTURE ELECTIONS WITHOUT MAKING FURTHER APPLICATION.

***** 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 _____ DATE _____ 20__

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 am unable to sign my application for an absentee ballot without assistance. 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.)

Date ____/____/____ Print 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, shall subject me to the same penalties as if I had been duly sworn.

(signature of witness to mark)

(address of witness to mark)