

ABSENTEE BALLOT APPLICATION (8-400)

ERIE COUNTY BOARD OF ELECTIONS

134 West Eagle Street

Buffalo, New York 14202

FOR OFFICE USE ONLY : (Board of Elections Fills Out This Box) Serial # _____ City/Town _____ Ward _____ District _____ Party Affiliation _____	FOR COUNTER USE ONLY VOTED IN OFFICE _____ (EMP. INT.) BALLOT TAKEN _____ (EMP. INT.)	TIME STAMP
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* * * ALL APPLICANTS MUST COMPLETE THE FOLLOWING * * *

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

_____ Primary Election _____ General Election _____ Both Primary and General Election

Applicant's Name _____
Last First Initial Date of Birth

Home Address _____

City of _____

Phone # _____

Zip

MAIL BALLOT TO THIS ADDRESS IF DIFFERENT FROM RESIDENCE: (Ballots Are Mailed Approximately 3 weeks Before the Election) Address _____ _____ City State Zip
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County of Erie

I qualify for voting by Absentee Ballot because I will be absent from the COUNTY OF ERIE on the day of the Election and/or for one of the following reasons: Please check the column on the left and complete the BOX on the right as to the reason for your absence.

- _____ 1. Duties, Occupation or Business
- _____ 2. Vacation
- _____ 3. Education (School outside of Erie County)
- _____ 4. Temporary Illness (At Home)
- _____ 5. Temporary Illness (In Hospital)
- _____ 6. I will be detained in jail for an offense other than a felony or awaiting trial or grand jury action.

STATE THE DATES AND REASONS OF SUCH ABSENCE Reason _____ _____ Location _____ Dates from _____ 20____ Dates to _____ 20____
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(Print name of institution) _____

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

<p align="center">ONLY FOR PERMANENT ILLNESS OR DISABILITY</p> <p>I am hereby applying for an absentee ballot because of the following reason:</p> <p>(State nature of illness or disability)</p> <p>_____</p> <p>I am permanently confined at _____</p> <p>NOTE: PERMANENT ILLNESS OR DISABILITY QUALIFIES YOU FOR AN ABSENTEE BALLOT TO BE MAILED TO YOU FOR FUTURE ELECTIONS, WITHOUT MAKING FURTHER APPLICATION.</p> <p align="center">* * * APPLICANTS MUST SIGN BELOW * * *</p>
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" 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 _____ 20____ X _____
(DATE) (SIGNATURE OF APPLICANT)

Applications Mailed must be Postmarked seven (7) days before the Election. Applications Delivered in Person must be received by the Erie County Board of Elections not later than the day before the election.