

DUTCHESS COUNTY BOARD OF ELECTIONS ABSENTEE BALLOT APPLICATION

MAIL TO: BOARD OF ELECTIONS
DUTCHESS COUNTY
47 CANNON STREET
POUGHKEEPSIE, NY 12601
Tel.No. (845) 486-2473

ADDRESS IN DUTCHESS COUNTY

NAME _____
ADDRESS _____
CITY _____ ZIP CODE _____
DATE OF BIRTH _____

I am a registered voter in Dutchess County and do now apply for an Absentee Ballot for the, General Election, Primary Election.
I know of no reason why I am no longer qualified to vote.

SEND BALLOT TO: _____

ZIP CODE _____

FOR OFFICE USE ONLY	
REG. NUMBER _____	
TOWN/CITY _____	
WARD _____	DISTRICT _____
Cong. _____	C.L.D _____
A.D _____	PARTY _____
VOTED IN OFFICE <input type="checkbox"/>	
BALLOT TAKEN <input type="checkbox"/>	

I will be absent from Dutchess County on the day of election for one of the following reasons:

PLEASE CHECK THE BOX FOR THE APPROPRIATE REASON AND COMPLETE THE STATEMENT TO THE RIGHT

- 1. BUSINESS **MUST BE COMPLETE**
- 2. VACATION
- 3. EDUCATION (SCHOOL OUTSIDE DUTCHESS COUNTY)
- 4. I WILL BE DETAINED IN JAIL FOR AN OFFENSE OTHER THAN FELONY OR AWAITING TRIAL OR GRAND JURY ACTION. (PRINT NAME OF INSTITUTION) _____
- 5. ILLNESS OR PHYSICAL DISABILITY (STATEMENT BELOW MUST BE COMPLETE)

Dates you intend to be out of Dutchess County: From _____ To _____ Please state where you will be on Election Day. _____

I certify that I have been advised by my medical or christian science practitioner, (Give name and address) _____ _____ that I will be unable to appear personally at the polling place of the district in which I am registered on election day for the reason indicated below. Nature of your illness or disability _____ <input type="checkbox"/> PERMANENT, <input type="checkbox"/> TEMPORARY I will be confined, <input type="checkbox"/> At Home, <input type="checkbox"/> In a Hospital (Give name and address) _____ _____
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Special Notice: Power of Attorney or use of signature stamp is not acceptable. Signature must be a signature or voter's mark.

ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

I certify that the information in 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 the application because of illness or physical disability the following statement must be completed. By my mark, duly witnessed hereunder, I state that I am unable to write because of my illness, physical disability or I can not read. I have made or have received assistance in making my mark in lieu of my signature.

DATE _____ MARK OF VOTER _____

I certify that the above named voter, affixed his mark to this application in my presence and I know him/her to be the person who affixed his/her mark to the application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a false statement, shall subject me to the same penalties as if I had been duly sworn.

DATE _____ SIGNATURE OF WITNESS TO MARK _____

**This application must be postmarked at least seven (7) days before election.
In person application and voting up to 5 P.M. day before election.**