Ulster County Absentee Ballot Application

Please Complete Section 1-5 below & Mail To:

Ulster County Board of Elections
284 Wall Street
Kingston, NY 12401

1.

Name:
Residence:
Mailing:
City/State:

2. **I am requesting, in good faith, an absentee ballot due to (check one reason):**
- ☐ absence from Ulster County on election day
- ☐ temporary illness or physical disability
- ☐ permanent illness or physical disability
- ☐ duties related to the primary care of one or more individuals who are ill or physically ill or physically disabled
- ☐ patient or inmate in a Veterans' Hospital
- ☐ detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in a prison for a conviction of a crime or offense which was not a felony

3. PRIMARY ELECTION:

ABSENCE BEGINS_____ **ABSENCE ENDS**_____/_____/ **2017** (Only valid thru 12/31 of the calendar year)
- ☐ Deliver to me in person at the board of elections.
- ☐ I authorize (give name): _____ to pick up my ballot at the board of elections.
- ☐ Mail ballot to me at above address or at mailing address below:

_____
street no.   street name   apt.   city   state   zip

4. GENERAL AND/OR SPECIAL ELECTION:

ABSENCE BEGINS_____ **ABSENCE ENDS**_____/_____/ **2017** (Only valid thru 12/31 of the calendar year)
- ☐ Deliver to me in person at the board of elections.
- ☐ I authorize (give name): _____ to pick up my ballot at the board of elections.
- ☐ Mail ballot to me at above address or at mailing address below:

_____

5.

Applicant Must Sign or Mark Below

I certify that I am a qualified and a registered (and for primary, enrolled) voter; and that the information in this application is true and correct and 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:

Today's Date: ___/___/___ **Sign Here:**_____ **Birth Date:** _____/_____/_____

_____
Only Complete -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 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 had made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

 Birth Date: _____/_____/_____   **Name of Voter:** _____

 Today's Date: _____/_____/_____   **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 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 to mark)   (signature of witness to mark)

If you have additional questions or require further information refer to the instructions on the reverse side of this application.

Instructions:

Who may apply for an absentee ballot?
Each person must apply for themselves. It is a felony to make a false statement in an application for an absentee ballot, to attempt to cast an illegal ballot, or to help anyone to cast an illegal ballot.

Information for military and overseas voters:
If you are applying for an absentee ballot because you or your family are in the military or because you currently reside overseas, do not use this application. You are entitled to special provisions if you apply using the Federal Postcard Application. For more information about military/overseas voting, contact your local board of elections or refer to the Military and Federal Voting sections at:
http://www.elections.ny.gov/VotingMilitaryFed.html

Where and when to return your application:
Applications must be mailed seven days before the election, or hand-delivered to your county board of elections by the day before the election.

Options available to you if you have an illness or disability:
If you check the box indicating your illness or disability is permanent, once your application is approved you will automatically receive a ballot for each election in which you are eligible to vote, without having to apply again. You may sign the absentee ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney is not allowed any voting purpose.

When your ballot will be sent:
Your absentee ballot materials will be sent to you at least 32 days before federal, state, county, city or town elections in which you are eligible to vote. If you applied after this date, your ballot will be sent immediately after your completed and signed application is received and processed by your local board of elections. If you provide dates in sections 3 and/or 4 identifying the time frame within which you will be absent from your county or from the City of New York, you will be sent a ballot for any primary, general, special election or presidential primary election which might occur during the time frame you have specified. If you prefer, you may designate someone to pick up your ballot for you, by completing the required information in sections 3 and/or 4 as appropriate. Contact your local county board of elections if you have not received your ballot.

For further information please contact the Ulster County Board of Elections at 845-334-5470 or visit us at www.voteulster.com