

WARREN COUNTY BOARD OF ELECTIONS ABSENTEE BALLOT APPLICATION

MAIL TO: BOARD OF ELECTIONS
WARREN COUNTY MUNICIPAL CENTER
ROUTE 9
LAKE GEORGE, NY 12845 Tel. No. 761-6456
Fax No. 761-6480

ADDRESS IN WARREN COUNTY
NAME _____
ADDRESS _____
CITY _____ ZIP CODE _____
DATE OF BIRTH _____

I am a registered voter in Warren County and do now apply for an Absentee Ballot for all elections for which I am qualified.

I know of no reason why I am no longer qualified to vote.

SEND PRIMARY BALLOT TO: _____

ZIP CODE _____

SEND GENERAL BALLOT TO: _____

ZIP CODE _____

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

PLEASE CHECK COLUMN ON LEFT AND COMPLETE STATEMENT ON RIGHT

- ___ 1. BUSINESS
- ___ 2. VACATION
- ___ 3. EDUCATION (SCHOOL OUTSIDE WARREN COUNTY)
- ___ 4. TEMPORARY ILLNESS (HOME)
- ___ 5. TEMPORARY ILLNESS (HOSPITAL)
- ___ 6. I WILL BE DETAINED IN JAIL FOR AN OFFENSE OTHER THAN FELONY OR AWAITING TRIAL OR GRAND JURY ACTION. (PRINT NAME OF INSTITUTION)
- ___ 7. I AM PERMANENTLY CONFINED (STATEMENT BELOW MUST BE COMPLETE)

For Office Use Only

City/Town _____
Ward/E.D. _____
Reg. Number _____
Party _____
Signature Checked
Date _____ By _____
Envelopes Prepared
Date _____ By _____
Ballot Mailed
Date _____ By _____
2nd Ballot Sent _____ By _____
Voted In Office
Ballot Taken

Dates you intend to be out of Warren County
From _____ To _____
Please state where you will be on election day

STATEMENT OF PERMANENT DISABILITY OF CONFINEMENT
(STATE NATURE OF ILLNESS OR DISABILITY) _____

I AM PERMANENTLY CONFINED AT _____
(NAME OF INSTITUTION OR RESIDENCE IF CONFINED AT HOME)

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 OR MARK OF VOTER _____

I 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 the application and understand that this statement will be accepted for the 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.**