

ABSENTEE BALLOT APPLICATION

VILLAGE OF SOUTH FLORAL PARK

Instructions:

1. Complete name, residence, address.
 2. Check the appropriate box specifying the reason for this application.
 3. Remember to sign the application, or if unable to sign, have your mark witnessed.
 4. This application must be mailed to the **Village Clerk** not later than the 7th day before Election Day, or delivered to the Clerk not later than the day before Election Day. The ballot itself must be delivered to the Clerk no later than the close of polls on the day of the election.
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_____, an applicant for an Absentee Ballot, states as follows:
(Print or type name)

I reside at: _____, and am a REGISTERED voter in the
(Street, number, name of post office and zip code)

Village of South Floral Park, County of Nassau, and I know of no reason why I am no longer qualified to vote.

The Reason I am Requesting an Absentee Ballot Application:

In good faith I expect to be absent on Election Day due to (check one reason):

- Duties, occupation, business, studies or vacation
- Illness, physical disability or hospital patient
- Duties related to primary care of one or more individuals who are ill or physically disabled
- Patient or inmate in a Veterans' Administration Hospital
- Detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offence which was not a felony

Delivery of Village Election Absentee Ballot (check one):

- Deliver to me in person at office of the Village Clerk
- I authorize (give name): _____ to pick up my ballot at the office of the Village Clerk
- Mail ballot to me at (mailing address): _____

Street no. street name apt. city state zip code

Applicant Must Sign Below

I certify that I am a qualified and a registered 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.

Sign Here: **X** _____ **Date:** _____

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 have made, or have the assistance in making, my mark in lieu of my signature.

Date: _____ **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 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)

(City, State, Zip)