

**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 _____

OR GIVE BALLOT TO: _____

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. FOR OPTIONS 1-4 COMPLETE THE STATEMENT TO THE RIGHT P

1.ACCOMPANYING A SPOUSE, PARENT,

OR CHILD WHO FALLS WITHIN ONE OF THE FOLLOWING CATEGORIES

MUST BE  COMPLETE

2. VACATION

3. EDUCATION (SCHOOL OUTSIDE DUTCHESS COUNTY)

4. BUSINESS

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

5. I WILL BE DETAINED IN JAIL FOR AN OFFENSE OTHER THAN FELONY OR AWAITING TRIAL OR

GRAND JURY ACTION (PRINT NAME OF INSTITUTION) _____

6. ILLNESS OR PHYSICAL DISABILITY (P STATEMENT BELOW MUST BE COMPLETE P)

I certify that I have been advised by my medical or Christian Science practitioner, (Give name and address of practitioner) _____ 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 _____ PERMANENT, or TEMPORARY

I will be confined, AT HOME, IN A HOSPITAL (Give name and address) _____

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 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 the 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.

DATE _____ SIGNATURE OF WITNESS TO MARK _____

**THIS APPLICATION MUST BE POSTMARKED AT LEAST SEVEN (7) DAYS BEFORE ELECTION
IN PERSON APPLICATION AND VOTING AT BOARD OFFICE UP TO 5 P.M. DAY BEFORE ELECTION**

FOR OFFICE USE ONLY

REG. NUMBER _____

TOWN/CITY _____

WARD _____ DIST. _____

CONG. _____ C.L.D. _____

A.D. _____ PARTY _____

VOTED IN OFFICE

BALLOT TAKEN OTC