

# ABSENTEE APPLICATION WESTCHESTER COUNTY

YEAR \_\_\_\_\_

You May Apply for Any or All Elections

You MUST fill in dates you will be absent from the County

- General Election:** From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Primary Election:** From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Special Election:** From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Village Election:** From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Presidential Primary:** From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\* If Traveling on Election Day, Fill in Times in box below \*\*

**RESIDENTIAL ADDRESS IN WESTCHESTER COUNTY**

Please Print Clearly

Name \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

**Mail to:**  
 Westchester County Board of Elections  
 25 Quarropas Street  
 White Plains, New York 10601  
 (914) 995-5700

**FOR OFFICIAL USE ONLY**

CITY/TOWN \_\_\_\_\_

ELECTION DISTRICT \_\_\_\_\_

VOTER ID NO. \_\_\_\_\_

PROCESSOR \_\_\_\_\_

I am a registered voter in Westchester County and am now applying for an Absentee Ballot for all elections for which I have checked above. I know of no reason why I am no longer qualified to vote. I expect in good faith to be absent from Westchester County on the day of the election(s) indicated below for one of the following reasons:

**PLEASE CHECK A REASON ON THE LEFT AND COMPLETE STATEMENT ON RIGHT SIDE**

- \_\_\_\_\_ 1. **Business.** Fill-in information to the right ▶
- \_\_\_\_\_ 2. **Vacation.** Fill-in information to the right ▶
- \_\_\_\_\_ 3. **Education.** School outside Westchester County.  
Fill-in information to the right ▶
- \_\_\_\_\_ 4. I will be detained in **Jail** for an offense other than a felony or  
**awaiting trial or Grand Jury action.** Fill-in information to right ▶
- \_\_\_\_\_ 5. **Temporary Illness.** (Home Bound) Fill-in below ▼ & right ▶
- \_\_\_\_\_ 6. **Temporary Illness.** (Hospital) Fill-in below ▼ & right ▶  
**Nature of Illness:** \_\_\_\_\_
- \_\_\_\_\_ 7. **Duties related to the primary care** of one or more individuals who are ill  
or physically disabled. Fill-in information to right ▶
- \_\_\_\_\_ 8. I am **permanently confined.** Please fill in information in section below.  
Fill-in below ▼ & right ▶

**PLEASE STATE WHERE YOU WILL BE ON ELECTION DAY (NAME & ADDRESS); BUSINESS, VACATION, SCHOOL, INSTITUTION, HOSPITAL (NAME OF MEDICAL PRACTITIONER OR CHRISTIAN SCIENCE PRACTITIONER)**

**\*\* TRAVELING ON ELECTION DAY \*\*  
INDICATE TIMES**

\_\_\_\_\_ AM \_\_\_\_\_ PM  
 LEAVING RETURNING

**STATEMENT OF PERMANENT DISABILITY/ILLNESS: TO BE PUT ON OUR PERMANENT LIST**

STATE NATURE OF ILLNESS/DISABILITY: \_\_\_\_\_

I AM PERMANENTLY CONFINED AT: \_\_\_\_\_  
 (Name of Facility or Residence if confined at home)

**SEND MY BALLOT TO:**  
 (If different from Residential Address)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RELEASE MY BALLOT TO:**  
 Fill in name of person picking up ballot

\_\_\_\_\_  
**Agent must have photo identification and complete a request card at the Board of Elections Office at the time ballot is received.**

**ALL APPLICANTS MUST FILL OUT ONE OF THE FOLLOWING**

SPECIAL NOTE: Power of Attorney or use of a signature stamp is not acceptable

I certify that the information in this application is true and correct and understand 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.

**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 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, or have received assistance in making my mark in lieu of my signature.

**DATE:** \_\_\_\_\_ **MARK OF VOTER:** \_\_\_\_\_

I, the undersigned, hereby certify that the above named voter affixed his/her mark to this application in my presence and I know him/her to be the person who affixed his/her mark to said application, and I understand 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.

**DATE:** \_\_\_\_\_ **SIGNATURE OF WITNESS:** \_\_\_\_\_

**THIS APPLICATION MUST BE POSTMARKED NOT LATER THAN SEVEN (7) DAYS BEFORE ELECTION OR YOU MAY APPLY IN PERSON & VOTE IN PERSON UP UNTIL 5:00 PM THE DAY BEFORE THE ELECTION.**