

ABSENTEE BALLOT APPLICATION (8-400)

Oswego County Board of Elections
185 East Seneca Street – Box 9
Oswego, New York 13126

TIME STAMP

For Official Use Only: (Board of elections fills out this box.)

Voter ID. _____

City/Town. _____

Ward. _____ District. _____

Party Affiliation. _____

VOTED IN OFFICE: _____ EMP. INT. _____

BALLOT TAKEN: _____ EMP. INT. _____

******* All Applicants Must Complete the Following *******

Application must be delivered or mailed to above address.

I am requesting an absentee ballot for (check one):

Primary Election Only: (_____)

General Election: (_____)

Both Primary and General Election: (_____)

Applicant's Name: Last. _____ First. _____ Int. _____ DOB. _____

Home Address (911): _____ City/State _____ Zip _____

Oswego County Phone: (_____) _____ / _____

Mail Ballot to Address: (Ballots mailed approx. 3 weeks before Election)

Address _____

City/St. _____ Zip _____

I qualify for voting by absentee ballot because I will be absent from Oswego County on the day of the Election and/or for one of the following reasons:

Please check column on left and complete right-hand column as to reason for your absence.

 1. Duties, Occupation of Business 2. Vacation 3. Education (school outside Oswego County) 4. Temporary Illness (Home) 5. Temporary Illness (in Hospital) 6. I will be detained in jail for an offense other than a felony or awaiting trial or grand jury action. (Institution) _____**Also state the Dates and Reasons for Such Absence:**

Reason _____

Location _____

Date from _____ Date to _____

 7. I am confined due to a permanent illness or disability (**Statement below must be complete**)

I certify that my medical practitioner or Christian Science practitioner has advised me:

Name, address and phone of practitioner.

I am hereby applying for an absentee ballot because of the following reason:

I am permanently confined at _____
*Name, address and phone******** APPLICANTS MUST SIGN BELOW *********“ 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: _____ 20 _____ x _____

Signature of applicant

- Applications must be signed and received by Oswego County Board of Elections NOT LATER THAN 5:00PM, seven (7) days before Election Day. Applications Mailed must be Postmarked (7) seven days before Election.

Only to be completed by person who signs with an X

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 of physical disability or because I am unable to read. I have made, or have received assistance in making my mark in lieu of my signature.

Date: _____ Name of Voter/and mark: _____

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

Signature of witness

Address of Witness/Phone