

**Yates County Board of Elections
Absentee Ballot Application**

Absentee Ballot Needed for
 Primary General
 Presidential Primary

For Office Use Only
LD/Town _____
ED _____
Reg No. _____
Party _____
Signature Checked:
Date _____ By _____
Envelope Prepared:
Date _____ By _____
Primary Ballot Mailed:
Date _____ By _____
2nd Ballot sent:
Date _____ By _____
Envelope Prepared:
Date _____ By _____
General Ballot Mailed:
Date _____ By _____
2nd Ballot sent:
Date _____ By _____
Voted in office
Ballot taken

**Mail To: Yates County Board of Elections
417 Liberty St Suite 1124
Penn Yan, NY 14527**

Address In Yates County:

Name _____
Address _____
City _____ Zip Code _____
Date of Birth _____

Dates you intend to be out of Yates Co.
From _____ To _____

I am a registered voter in Yates 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 BALLOT TO:

Name _____
Address _____
City _____ Zip Code _____

FILL IN EITHER A OR B and SIGN the CERTIFICATION BELOW.

A. I will be absent from Yates Co. on the day of election for one of the following reasons:

Please check the reason for your absence.

Business Vacation Education (school outside Yates
 Temporary Illness (Home) Temporary Illness (Hospital)
 I will be detained in jail for an offense other than felony or awaiting trial or grand jury
action. (Print name of Institution) _____

Where will you be on Election Day? _____

B. Statement of Permanent Disability or Confinement

___ My illness or disability is permanent. Please mail Absentee Ballots to me for all future elections without further application. The nature of my permanent illness or disability is:

All applicants must sign the certification:

Power of Attorney or use of signature stamp is not acceptable.

Signature must be the voter's signature or voter's mark (signed by witness in box below).

CERTIFICATION

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 cannot 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 mark to this application in my presence and that I know him to be the person who affixed his 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 false statement, shall subject me to the same penalties as if I had been duly sworn.

Date _____ Signature of Witness to mark _____

This application may be filed at anytime, but must be postmarked no later than seven (7) days before election.