



# APPLICATION FOR ABSENTEE BALLOT

Binghamton City School District / 164 Hawley Street / Binghamton, NY 13901

**For Office Use Only**

Voted in Office: \_\_\_/\_\_\_/\_\_\_

Ballot Taken: \_\_\_/\_\_\_/\_\_\_

Election District: \_\_\_\_\_

Ballot Mailed: \_\_\_/\_\_\_/\_\_\_

Applicant's Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

**Mail ballot to this address (if different from residence):**

\_\_\_\_\_

\_\_\_\_\_

**Release ballot to:** \_\_\_\_\_  
(Fill in only if being picked up in person.)

**REASON YOU WILL BE ABSENT ON THE DAY OF THE ELECTION**

(check one):

\_\_\_\_\_ 1. Absent from Broome County      **\*optional\*** dates of absence \_\_\_\_\_

\_\_\_\_\_ 2. Temporary Illness

\_\_\_\_\_ 3. Duties related to the care of one or more individuals who are ill or physically disabled

\_\_\_\_\_ 4. I will be detained in jail awaiting action by a grand jury or trial, or confined in jail for an offense other than a felony.

**\*\*\*\*\*ALL APPLICANTS MUST SIGN BELOW\*\*\*\*\***

I certify that I am a qualified and registered voter. I further declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand that, if I make any material false statement in the foregoing statement of application for absentee ballot, I shall be guilty of a misdemeanor.

**Date:** \_\_\_ / \_\_\_ / \_\_\_

**Signature:** \_\_\_\_\_

**Applications MAILED must be postmarked seven (7) days before the Election.  
Applications DELIVERED IN PERSON must be received no later than the day before the 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 or 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:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Mark:** \_\_\_\_\_

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 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)**

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