

# Absentee Ballot Application

Tioga County Board of Elections  
56 Main Street, Owego, N.Y. 13827  
607-687-8261 Fax 607-687-6348

## FOR OFFICE USE ONLY:

Application Received on: \_\_\_\_\_  
Registration # \_\_\_\_\_ Party \_\_\_\_\_  
Town/ Election Dist \_\_\_\_\_ Ballot Mailed \_\_\_\_\_ Taken \_\_\_\_\_ Voted in Office \_\_\_\_\_

### ALL APPLICANTS MUST COMPLETE THE FOLLOWING STATEMENT

I am a qualified and registered voter and I know of no reason why I am no longer qualified to vote.  
I am requesting an absentee ballot for the following election(s):  
Both Primary & General \_\_\_\_\_ Primary Only \_\_\_\_\_ General Only \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Initial) Date of Birth \_\_\_\_\_

Home address \_\_\_\_\_  
(Street) (City/ town) (Zip)

Mail Ballot to me at this address: \_\_\_\_\_

I will be absent from: \_\_\_\_\_ to \_\_\_\_\_

I QUALIFY FOR AN ABSENTEE BALLOT BECAUSE ON THE DAY OF THE PRIMARY OR GENERAL ELECTION AND I EXPECT IN GOOD FAITH TO BE ABSENT FROM THE COUNTY FOR THE FOLLOWING REASON:

\_\_\_ Duties, Occupation, or Business \_\_\_ Vacation \_\_\_ Education (School outside Tioga County)

\_\_\_ I apply based by reason of accompanying a registered spouse, child or parent out of County

\_\_\_ Temporary Illness (At Home) \_\_\_ Temporary Illness (In Hospital) \_\_\_\_\_  
Hospital name & address

\_\_\_ Detained in jail for offense other than a felony, or waiting trial or grand jury action

\_\_\_ I am confined due to a permanent illness or disability (Must complete statement below)

\_\_\_ I am an inmate or patient of a Veteran's administration hospital

### FOR PERMANENT ILLNESS OR DISABILITY ONLY

State nature of illness or disability \_\_\_\_\_

I am permanently confined at \_\_\_\_\_  
(Name of Institution/Home address if confined at home)

### Applicants Must Sign Below: (Power of Attorney or 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.

X \_\_\_\_\_  
(Signature of applicant) (Date)

### 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.

\_\_\_\_\_ (Mark) \_\_\_\_\_ (Date)

I, the undersigned, hereby certify that the above named voter affixed his 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) \_\_\_\_\_ (Address of Witness)