

Village of West Winfield Absentee Ballot Application

RCV'D: _____

Clerk Use only

PO Box 308 West Winfield NY 13491 - 315-822-3051 - villageofwestwinfield@yahoo.com

This application must either be personally delivered to the Village Clerk not later than the day before the election, or postmarked by a governmental postal service not later than the 7th day before Election Day. The ballot itself must be personally delivered to the Village Clerk or Village Electors no later than the close of polls on Election Day.

1.	I am requesting, in good faith, an absentee ballot due to (check one reason):	
	<input type="checkbox"/> absence from the Village on election day	<input type="checkbox"/> resident or patient of a Veterans Health Administration Hospital
	<input type="checkbox"/> temporary illness or physical disability	
	<input type="checkbox"/> permanent illness or physical disability	<input type="checkbox"/> detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony
<input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled		

2.	absentee ballot requested for the following election:	<input type="checkbox"/> General Village Election

3.	last name or surname	first name	middle initial	suffix

4.	date of birth MM/DD/YYYY	county where you live	phone number (optional)	email (optional)
	____/____/____			

5.	address where you live (residence) street	apt	city	state	zip code
					NY

6.	Delivery of Village Election Ballot (check one)		<input type="checkbox"/> Deliver to me in person at the village clerks office.			
	<input type="checkbox"/> I authorize (give name): _____	to pick up my ballot at the village clerks office.				
	<input type="checkbox"/> Mail ballot to me at: (mailing address)					
street no.		street name	apt.	city	state	zip code

Applicant Must Sign Below

7.	I certify that I am a qualified and a registered (and for primary, enrolled) voter; and that the information in this application is true and correct and 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.	
	Sign Here: X _____	Date _____ <small>MM/DD/YYYY</small>

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: 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. I have made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

Date ____/____/____ Name of Voter: _____ Mark: _____
MM/DD/YYYY

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

(address of witness to mark)_____
(signature of witness to mark)