

Voorheesville Absentee Ballot Application

Please print clearly. See detailed instructions. To receive an absentee ballot: **In-Person:** Application must be personally delivered to the village clerk's office not later than the day before the election. *Election Law § 15-119(7).* **By Mail:** Application must be received by the village clerk's office not later than the 10th day before the election. *Election Law § 15-119(7).* The ballot itself must be received by the village clerk's office no later than the close of polls on Election Day, or postmarked by a governmental postal service not later than the day of the election and received no later than 7 days after the election in order to be canvassed. *Election Law § 15-119(10).*

<p>I am requesting in good faith, an absentee ballot due to (check one reason):</p> <p><input type="checkbox"/> absence from Voorheesville on election day</p> <p><input type="checkbox"/> temporary illness or physical disability</p> <p><input type="checkbox"/> permanent illness or physical disability</p> <p><input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled</p>	<p><input type="checkbox"/> resident patient of a Veterans Health Administration Hospital</p> <p><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</p>
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Last name	First name	Middle initial	Suffix
Date of birth MM/DD/YYYY	County where you live	Phone number (optional)	Email (optional)
Address where you live (residence) street		Apt	Village
		NY	State
			Zip code

Delivery of Absentee Election Ballot(s) (check one)

Deliver to me in person at village clerk's office

I authorize (given name): _____ to pick up my ballot from the village clerk.

Mail ballot to me at (mailing address):

Street No.	Street Name	Apt	City	State	Zip
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Applicant Must Sign Below

I certify that I am a qualified and a registered 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:** _____

If applicant is unable to sign because of illness, physical disability, or inability to read, the following statement must be executed: I hereby state that I am unable to sign my application for an early mail ballot without assistance because I am unable to write by reason of 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: _____ Name of voter: _____ Mark: _____

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

_____ Address of witness to mark

Please read the instructions on this form carefully and complete all required information. Once completed, the application can be submitted by one of the following methods:

- Email to: deputyclerk@villageofvoorheesville.gov
- Print and mail to:
Absentee Ballot Application
Village of Voorheesville
29 Voorheesville Ave
Voorheesville, NY 12186
- Print and hand deliver to:
Village of Voorheesville
29 Voorheesville Ave
Voorheesville, NY 12186
Hours:
Monday – Friday, 9am to 4pm