

INSTRUCTIONS FOR ABSENTEE VOTERS
Village Election March 19, 2019

- All Voters must fill out the statement at the bottom of the application form and personally sign it (unless physically unable).
- Applications must be received by the Village Clerk not earlier than 4 months and not later than the 7th day before the election; between November 19, 2018 to March 12, 2019.
- Unless you have applied for an absentee ballot as a permanently disabled person, this application is good only for the March 19, 2019 Village Election.
- Unless permanently disabled, you must renew your application for each special or general election if you are still eligible to vote absentee.

ABSENTEE BALLOT APPLICATION – VILLAGE ELECTION

- Due to Military Service (Sec. 15-120)
- Due to duties, Occupation, Business, Studies or Vacation (Sec 15-120)
- Due to Illness or Physical Disability (Sec. 15-122)
- Due to Permanent Illness or Permanent Disability (Sec 15-122)

INSTRUCTION TO ABSENTEE VOTERS

- All qualified Voters must fill out in full the Statement at the bottom of this form and personally sign it (unless physically unable to)
- Applications must be received by the Village Clerk not earlier than 4 months and not later than the 7th day before the election. An application that is hand delivered will be accepted until 1 day before the election.
- Unless you have applied for an absentee ballot as a permanently disabled person, this application is good only for the special or general village election to which it specifically pertains. You must, unless permanently disabled renew your application for each special or general election if you are still eligible to vote absentee.

To the Clerk of the Village of Orchard Park: I, _____, an applicant for an absentee ballot, state as follows: I reside at _____, and I am a qualified voter of the Village of Orchard Park, _____ Election District, County of Erie.

I KNOW OF NO REASON WHY I AM NO LONGER QUALIFIED TO VOTE.

MILITARY SERVICE, DUTIES, OCCUPATION, BUSINESS, STUDIES OR VACATION

I expect in good faith to be absent from the County of Erie, State of New York, on the day of the next general election to be held on _____, because of my duties, occupation, business, studies, military service or vacation require me to be elsewhere as follows:

- Explain briefly your position and nature of duties, occupation, studies, military service or business requiring such absence. If absence is based on vacation, so state and give dates when you expect to begin and end your vacation.

- Place or places where you expect to be on military service, business, studies or vacation. _____
- Name of employer, if any. (If self employed or unemployed, so state.) If student, give name of school.)

- Address of employer. If student, address of school. _____
- If this application is based by reason of accompanying your spouse, child or parent, if qualified voter, be entitled to apply for the right to vote by absentee ballot? Name _____ Relationship _____
- If this application is based by reason of being or expecting to be an inmate of a veterans' hospital, give name and address of hospital

- If application is based on confinement pending trial in a criminal proceeding or for conviction of a crime or offense other than a felony, give particulars: _____

DUE TO ILLNESS OR PHYSICAL DISABILITY

I certify that I have been advised by my medical practitioner or Christian Science practitioner: (Name of Practitioner) _____, that I will be unable to appear personally at the polling place of the election district in which I am a qualified voter on the day of the next general or special Village Election because of my Illness Physical Disability and will be confined at home in a hospital. If hospital confinement is expected, state name and address of hospital.

Name: _____ Address: _____

DUE TO PERMANENT ILLNESS OR PERMANENT DISABILITY

I HEREBY CERTIFY THAT SUCH ILLNESS OR DISABILITY IS PERMANENT AND REQUEST THAT Absentee Ballots be mailed to me for future elections without my making application. The nature of my permanent illness or disability is _____

ALL APPLICANTS MUST FILL OUT THE FOLLOWING

If application is approved, I request ballot be delivered personally to me or a member of my family or mailed to me at the following address:

APPLICANT MUST SIGN BELOW

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.

Date: _____ Signature of Voter: _____

(If applicant is unable to sign application because of illness or physical disability, 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 illiteracy, illness or physical disability. I have made, or have received assistance in making my mark in lieu of my signature.

Date: _____ Mark of Voter: _____

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 to 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 Witness: _____