

Wayne County Board of Elections Absentee Ballot Application

This application must be postmarked no later than seven (7) days before election.
In person application and voting up to 5 P.M. day before election.



Mail to: Wayne County Board of Elections
157 Montezuma St., Ext
P.O. Box 636, Lyons NY 14489
Telephone: 315 946-7400 Fax 946-7409

For office use only

Telephone (to reach you if needed): _____

NAME _____

ADDRESS(Wayne County) _____

CITY _____ ZIP _____

DATE OF BIRTH: _____

I am a registered voter in Wayne County and do now apply for an Absentee Ballot for all elections for which I am qualified. I know of no reason why I am no longer qualified to vote.

SEND BALLOT TO: (if different than above) _____

| | |
|------------------------------|--------------------|
| Town _____ | Dist _____ |
| Registration# _____ | |
| Registration Date _____ | |
| Party _____ | |
| Envelopes Prepared & Mailed: | |
| Date _____ | By _____ |
| _____ Voted in Office | _____ Ballot Taken |
| _____ ABS File done /Expires | _____ |

_____ Deliver to me **in person** at the board of elections

_____ Deliver to _____ whom I authorize to receive my ballot.

(if someone is picking up your ballot from our office)

I will be absent from Wayne County on the day of election for one of the following reasons:

Please check column on left and complete statement on right

_____ 1. Business **required information** →

_____ 2. Vacation →

_____ 3. Education (School outside Wayne County)

_____ 4. Temporary illness (Home)

_____ 5. Temporary Illness (Hospital)

_____ 6. I will be detained in Jail for an offense other than felony or awaiting trial or grand jury action (Print name of institution) _____

_____ 7. I am permanently confined (**Statement below must be completed**)

| | |
|--|----------|
| *****Required Information for Reasons 1-6**** | |
| Dates you intend to be out of Wayne County: | |
| From _____ | To _____ |
| Please state where you will be on Election Day: | |
| _____ | |

STATEMENT OF PERMANENT DISABILITY OR CONFINEMENT

State nature of illness or disability _____

I AM PERMANENTLY CONFINED AT: _____

(Name of Institution or residence if confined at home)

*Special Notice: Power of Attorney or use of signature stamp is not acceptable. Signature must be a signature or voter's mark.

ALL APPLICANTS MUST FILL OUT STATEMENT ONE OR TWO

1. I certify that the information in 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 _____

2. IF APPLICANT IS UNABLE TO SIGN THE APPLICATION BECAUSE OF ILLNESS OR PHYSICAL DISABILITY THE FOLLOWING STATEMENTS MUST BE COMPLETED.

By my mark, duly witnessed hereunder, I state that I am unable to write because of my illness, physical disability or I cannot read. I have made or have received assistance in making my mark in lieu of my signature.

DATE _____ MARK OF VOTER _____

I 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 the application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a false statement, shall subject me to the same penalties as if I had been duly sworn.

DATE _____ SIGNATURE OF WITNESS TO MARK _____