## **ABSENTEE BALLOT APPLICATION**

## VILLAGE OF FLORAL PARK ELECTION DISTRICT #\_\_\_\_\_

## **Instructions:**

Street no.

street name

- 1. Complete name, residence, address.
- 2. Check the appropriate box specifying the reason for this application.
- 3. Remember to sign the application, or if unable to sign, have your mark witnessed.
- 4. This application must be mailed to the **Village Clerk** not later than the 7<sup>th</sup> day before Election Day, or delivered to the Clerk not later than the day before Election Day. The ballot itself must be delivered to the Clerk no later than the close of polls on the day of the election.

	, an applicant for an Absentee Ballot, states as follows:
(Print or type name)	
I reside at:	, and am a REGISTERED voter in the
(Street, number, name of post office and zip o	ode)
Village of Floral Park, County of Nassau, and I know of no rea	ason why I am no longer qualified to vote.
The Reason I am Requesting a	n Absentee Ballot Application:
In good faith I expect to be absent on Election Day due to (cl	neck one reason):
O absent from the county of my residence	
O unable to appear at the polling place because of illne care of one or more individuals who are ill or physical	ess or physical disability, or duties related to the primary ally disabled, or I will be a patient in a hospital
O Patient or inmate of a Veterans' Administration Hosp	pital
O Detained in jail awaiting action by a grand jury or aw an offense other than a felony	vaiting trial, or confined in jail or prison after a conviction for
Delivery of Village Election	Absentee Ballot (check one):
O Deliver to me in person at office of the Village Clerk	
O I authorize (give name):	to pick up my ballot at the office of the Village Clerk
O Mail ballot to me at (mailing address):	

apt.

city

zip code

state

## **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: 🕽	Κ	Date:
executed: By m ballot without a unable to read.	ny mark, duly witnessed hereunder, I hereby Issistance because I am unable to write by r	ability or inability to read, the following statement must be y state that I am unable to sign my application for an absentee reason of my illness or physical disability or because I am king, my mark in lieu of my signature. (No power of attorney ions.)
Date:	Name of Voter:	Mark:
and I know him statement will b	or her to be the person who affixed his or h	oter affixed his or her mark to this application in my presence her mark to said application and understand that this ent of an affidavit and if it contains a material false statement, sworn.
	(Address of witness to mark)	(Signature of witness to mark)
	(City, State, Zip)	