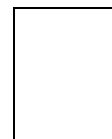


# Wayne County Board of Elections Absentee Ballot Application

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.



Not being registered at your current residence will delay the processing of your absentee.

**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: \_\_\_\_\_

SEND BALLOT TO:\_(if different than above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 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)

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

**Please check which election(s) you are requesting this application for:**

**Primary Election 2010\***

**General Election 2010\***

**\*If requesting absentee for more than one election you must complete next section as to where you are going and the dates you will be absent from the county.**

**Dates absent:** \_\_\_\_\_ **City/State** \_\_\_\_\_

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

Please check one:

- duties, occupation, business, studies, vacation
- being a patient in hospital
- temporary illness (Home)
- detained in jail for an offense other than felony or awaiting trial or grand jury action
- unable to appear at polling place because of duties related to the primary care of one or more individuals
- my illness or physical disability is permanent or I am permanently confined. Please mail Absentee Ballots to me for all future elections without application that I qualify for.

\*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 \_\_\_\_\_