

Fishers Island Ferry District- Absentee Ballot Application

ALL APPLICANTS MUST FILL OUT THE FOLLOWING

DO NOT USE THIS FORM UNLESS YOU ARE ALREADY REGISTERED!

FAILURE TO COMPLETE ALL SECTIONS OF THIS FORM MAY RESULT IN THE REJECTION OF YOUR APPLICATION

(Please Print)

Last Name	First Name	Middle Initial	Suffix	Date of Birth			
Address Where You Live (do not give P.O.Box)				Apt No.	Village/Hamlet	Zip	Home Phone No. (if listed)
Address Where you get your mail (if different)				Apt No.	Village/Hamlet	Zip	Party Affiliation

I KNOW OF NO REASON WHY I AM NO LONGER QUALIFIED TO VOTE AND REQUIRE A BALLOT FOR THE FOLLOWING REASON:

CATEGORY (CHECK ONE)

- Duties, Occupation, Business, Studies, or Vacation
- Illness or physical disability
- Confinement due to a Court Action

Delivery to election ballot (check one):

- Deliver to me in person at the Ferry District office
- Deliver to _____ whom I hereby authorize to receive my ballot.
- Mail ballot to me at:

<i>Print Name- your own or other:</i>	<i>Last Name:</i>	<i>First Name:</i>	<i>Middle Initial:</i>	<i>Suffix:</i>	
<i>Mailing Address:</i>	<i>Apt., if any</i>	<i>City or village</i>	<i>Sate</i>	<i>zip</i>	<i>country</i>

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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 ability, 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 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 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 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.

(Address of witness to mark)

(Signature of witness to mark)

INSTRUCTIONS TO ABSENTEE VOTERS

***Any registered voter wishing to vote by absentee Ballot must complete both sides of this form and personally sign it (Unless physically unable to do so).** *Completed applications must be postmarked no later than the seventh day before the election or hand delivered to the Board of Elections up until the day before the election.

*If you are applying for a ballot as a **Hospitalized Veteran's Relative**, you must complete section B in its entirety on the reverse side of this form. Make sure to check the box provided to indicate your status.

*** Unless you have applied for an absentee ballot as a permanently disabled person, this application is good only for the election(s) to which it specifically pertains. You must renew your application for any future elections if you are still eligible to vote absentee.**

DATE STAMP	OFFICE USE ONLY	ENTRY (P) _____	INIT _____
		ENTRY (G) _____	INIT _____
REASON FOR DENIAL: _____		DENIED BY: _____	