

PRIMARY COLUMBIA COUNTY BOARD OF ELECTIONS ABSENTEE BALLOT APPLICATION

MAIL TO: BOARD OF ELECTIONS
COLUMBIA COUNTY
401 STATE STREET
HUDSON, NY 12534
Tel. No. 518-828-3115

ADDRESS IN COLUMBIA COUNTY

NAME _____
ADDRESS _____
CITY _____ ZIP CODE _____
DATE OF BIRTH _____

I am a registered voter in Columbia County and do now apply for an Absentee Ballot for the General Election.
I know of no reason why I am no longer qualified to vote.

SEND BALLOT TO: _____

ZIP CODE _____

FOR OFFICE USE ONLY	
DISTRICT _____	
REG. NUMBER _____	
REG. DATE _____	
PARTY _____	
SIGNATURE CHECKED	
DATE _____ BY _____	
ENVELOPES PREPARED	
DATE _____ BY _____	
BALLOT MAILED	
DATE _____ BY _____	
2 ND BALLOT SENT _____ BY _____	
VOTED IN OFFICE <input type="checkbox"/>	
BALLOT TAKEN <input type="checkbox"/>	

I will be absent from Columbia County on the day of the election for one of the following reasons:
PLEASE CHECK THE COLUMN ON THE LEFT AND COMPLETE STATEMENT ON RIGHT

- | | |
|---|--|
| <p>_____ 1. BUSINESS</p> <p>_____ 2. VACATION</p> <p>_____ 3. EDUCATION (SCHOOL OUTSIDE COLUMBIA COUNTY)</p> <p>_____ 4. TEMPORARY ILLNESS (HOME)</p> <p>_____ 5. TEMPORARY ILLNESS (HOSPITAL)</p> <p>_____ 6. I WILL BE DETAINED IN JAIL FOR AN OFFENSE OTHER THAN A FELONY OR AWAITING TRIAL OR GRAND JURY ACTION. (PRINT NAME OF INSTITUTION) _____</p> <p>_____ 7. I AM PERMANENTLY CONFINED (STATEMENT BELOW MUST BE COMPLETE)</p> | <p>Dates you intend to be out of Columbia County:
From _____ To _____
Please state where you will be on Election Day
_____</p> |
|---|--|

STATEMENT OF PERMANENT DISABILITY OR CONFINMENT

(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 THE FOLLOWING:

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 _____

If applicant is unable to sign the application because of illness or physical disability the following statement 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 this 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 _____

This application must be postmarked seven (7) days before election.