Ulster County Absentee Ballot Application

Please Print Clearly & Mail To:
Ulster County Board of Elections
284 Wall Street
Kingston, NY 12401

For Board Use Only
Town/Dst:
Reg #:
Party:
Absentee Type: _____

BOE Initials: _____

Name:
Address:
City, State:

1. **Delivery of Ballot (check one):**
❒ Deliver to me in person at the board of elections.
❒ I authorize (give name): _____ to pick up my ballot at the board of elections.
❒ Mail ballot to me at above address or at mailing address below:

_____
street no. street name apt. city state zip code

2. **I am requesting, in good faith, an absentee ballot due to (check one reason):**
❒ absence from Ulster County on election day
❒ temporary illness or physical disability
❒ permanent illness or physical disability
❒ duties related to primary care of one or more individuals who are ill or physically disabled
❒ patient or inmate in a Veterans' Administration Hospital
❒ detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony

3. **Absentee ballot(s) requested for the following election(s):**
❒ Primary Election ❒ General Election ❒ Special Election
❒ Any election held between these dates: absence begins: ____/____/____ absence ends ____/____/____

Applicant Must Sign Complete Section 4 or 5 Below

4. **I certify that I am a qualified and a registered (and for primary, enrolled) 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: X_____

Today's Date: _____/ _____/ _____ **Date of Birth:** _____/ _____/ _____

5. If applicant is unable to sign because of illness, physical disability or inability to read, 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 had made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

Today's Date: _____/_____/_____ Name of Voter: _____

Date of Birth: _____/_____/_____ Mark: _____

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her 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.

_____ _____
(signature of witness to mark)

_____
(address of witness to mark)

THIS APPLICATION MUST BE POSTMARKED NO LATER THAN 7 DAYS BEFORE ELECTION
IN PERSON APPLICATION AND VOTING UP TO 5PM THE DAY BEFORE ELECTION