



# APPLICATION FOR ABSENTEE BALLOT

NOTE: A separate absentee ballot application must be submitted to your county board of elections for each primary or election.

(PLEASE PRINT NAME AS REGISTERED)
(HOME ADDRESS)
(CITY) (ZIP CODE) (COUNTY)
(MUNICIPALITY) (WARD) (DISTRICT)
(OCCUPATION) (DATE OF BIRTH)
I have lived at this address since _____ State or Federal Government employees check here ( ).
<b>MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS</b>
(STREET ADDRESS)
(CITY) (STATE) (ZIP CODE)
<b>I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:</b>
_____ ABSENCE FROM THE MUNICIPALITY COMPLETE SECTION A
_____ ILLNESS OR PHYSICAL DISABILITY COMPLETE SECTION B
<b>SECTION A – ABSENCE FROM THE MUNICIPALITY</b> I declare that I am eligible to vote absentee at the forthcoming primary or election since I expect that my duties, occupation or business will require me to be absent from the municipality of my residence on the day of the primary or election for the reason stated below; and that all of the information which I have listed on this absentee ballot application is true and correct.
<b>SECTION B – ILLNESS OR PHYSICAL DISABILITY</b> I declare that I am eligible to vote absentee at the forthcoming primary or election due to the illness or physical disability stated below; that the information required to be listed pertaining to my attending physician is correctly stated herein and that all other information that I have listed on this absentee ballot application is true and correct.
(INSERT REASON FOR ABSENCE HERE)
(INSERT ILLNESS OR DISABILITY HERE)
(DATE) (SIGNATURE OF ELECTOR)
(NAME OF PHYSICIAN) (PHONE NUMBER)
(OFFICE ADDRESS)
(DATE) (SIGNATURE OF ELECTOR)
<b>IF UNABLE TO SIGN COMPLETE BELOW</b>
The following to be completed if applicant is unable to sign because of illness or physical disability. 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. I have made, or have received assistance in making my mark in lieu of my signature.
(Date) (Mark)
(Complete Address of Witness) (Signature of Witness)
<b>WARNING – If you are able to vote in person on Election Day, you MUST go to your polling place, void your absentee ballot and vote there.</b>