

**Yates County Board of Elections  
Absentee Ballot Application**

Absentee Ballot needed  
for  
\_\_ Primary \_\_ General

**Mail To: Yates County Board of Elections  
417 Liberty Street, Suite 1124  
Penn Yan, NY 14527**

**Address In Yates County:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Dates you intend to be out of Yates Co.  
From \_\_\_\_\_ To \_\_\_\_\_

**For Office Use Only**  
LD/Town \_\_\_\_\_  
ED \_\_\_\_\_  
Reg No. \_\_\_\_\_  
Party \_\_\_\_\_  
Signature Checked:  
Date \_\_\_\_\_ By \_\_\_\_\_  
Envelope Prepared:  
Date \_\_\_\_\_ By \_\_\_\_\_  
Primary Ballot Mailed:  
Date \_\_\_\_\_ By \_\_\_\_\_  
2<sup>nd</sup> Ballot sent:  
Date \_\_\_\_\_ By \_\_\_\_\_  
Envelope Prepared:  
Date \_\_\_\_\_ By \_\_\_\_\_  
General Ballot Mailed:  
Date \_\_\_\_\_ By \_\_\_\_\_  
2<sup>nd</sup> Ballot sent:  
Date \_\_\_\_\_ By \_\_\_\_\_  
Voted in office  
Ballot taken

I am a registered voter in Yates County and do now apply for an absentee ballot for all elections for which I am qualified. I know of no reason why I am no longer qualified to vote.

**SEND BALLOT TO:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

**FILL IN EITHER A OR B and SIGN CERTIFICATION BELOW.**

**A. I will be absent from Yates Co. on the day of election for one of the following reasons:  
Please check the reason for your absence.**

\_\_ Business      \_\_ Vacation      \_\_ Education (school outside Yates Co)  
\_\_ Temporary Illness (Home)      \_\_ Temporary Illness (Hospital)  
\_\_ I will be detained in jail for an offense other than felony or awaiting trial or grand jury  
action. (Print name of institution) \_\_\_\_\_

Where you will be on Election Day? \_\_\_\_\_

**B. Statement of Permanent Disability or Confinement**

State nature of illness or disability \_\_\_\_\_  
I am permanently confined at \_\_\_\_\_

All applicants must fill out the following:

Power of Attorney or use of signature stamp is not acceptable.

Signature must be a signature or voter's mark (signed by the witness in box below)

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 that 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 \_\_\_\_\_

This application may be filed anytime, but must be postmarked no later than seven (7) days before election.