

SERIAL NUMBER _____

SUFFOLK COUNTY BOARD OF ELECTIONS – PO BOX 700, YAPHANK, NY 11980-0700
 SUFFOLK COUNTY – ABSENTEE BALLOT APPLICATION
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

I will require an English Language Ballot I will require a Spanish Language Ballot
 (Please Print)

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Suffix</i>	<i>Date of Birth</i>
<i>Address Where You Live (do not give P.O. box)</i>		<i>Apt No.</i>	<i>Village/Hamlet</i>	<i>Zip</i>
<i>Address Where You Get Your Mail (if different)</i>		<i>Apt No.</i>	<i>Village/Hamlet</i>	<i>Zip</i>
				<i>Home Phone No.</i>
				<i>Party Affiliation</i>

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

- CATEGORY (Check One)**
- A. Duties, Occupation, Business, Studies or Vacation (Sec. 8-400)**
 - B. Illness or Physical Disability (Sec. 8-400)**
 - C. Confinement Due to Court Action**

(See Reverse Side for Instructions)

A. DUTIES, OCCUPATION, BUSINESS, STUDIES OR VACATION

I expect in good faith to be unavoidably absent from the County of Suffolk, State of New York, for the special election because my duties, occupation, business, studies or vacation require me to be elsewhere. Explain briefly **WHERE** you will be on the day of the election. You must provide the **LOCATION** outside of Suffolk County, and state the **DATES** when you expect to leave and return. **Absentee ballots will be mailed to eligible applicants on a daily basis as soon as they are available.**

BROOKHAVEN TOWN SPECIAL ELECTION to be held on MARCH 31, 2009
<i>Where You Will Be:</i>
<i>Dates</i>
<i>Departure:</i> _____ <i>Return:</i> _____
<i>Name and Address of Employer:</i>

FAILURE TO GIVE DATES AND LOCATION WILL RESULT IN REJECTION OF YOUR APPLICATION

B. DUE TO ILLNESS OR PHYSICAL DISABILITY

I certify that I have been advised by my medical practitioner or Christian Science practitioner that I will be unable to appear personally at the polling place in which I am a **REGISTERED** voter on the day of the special election because of the following:

<input type="checkbox"/> Illness	<input type="checkbox"/> Disability	<i>Nature of Illness or Disability</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent
I will be confined: <input type="checkbox"/> At Home <input type="checkbox"/> In a Hospital <input type="checkbox"/> In an Adult/Nursing Home <input type="checkbox"/> In a Veterans' Hospital				
<i>Name of Medical or Christian Science Practitioner</i>		<i>Address of Practitioner</i>		
<i>Name of Hospital (if applicable)</i>		<i>Address of Hospital</i>		<input type="checkbox"/> Hospitalized Veteran's Relative

FAILURE TO GIVE THE NATURE OF YOUR ILLNESS OR DISABILITY WILL RESULT IN REJECTION OF YOUR APPLICATION.

I also understand that if I am **PERMANENTLY** disabled, I will be mailed a ballot for all future elections, for which I am qualified, as long as I do not **MOVE** from Suffolk County.

C. DUE TO CONFINEMENT

If you will be detained in jail awaiting action by a grand jury or awaiting trial or confined in prison after a conviction for an offense other than a felony, you may apply for an absentee ballot. Indicate the location where you will be detained and the particular circumstances associated with the confinement in the space provided. _____

COMPLETED APPLICATIONS MUST EITHER BE RETURNED BY MAIL, POSTMARKED NO LATER THAN THE 7TH DAY BEFORE THE ELECTION OR HAND DELIVERED TO THE BOARD OF ELECTIONS UP UNTIL THE DAY BEFORE THE ELECTION.

ALL APPLICANTS MUST FILL OUT THE FOLLOWING

Deliver my special election ballot to (check one)

- Deliver to me in person at the Board of Elections
- 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>State</i>	<i>Zip Code</i>	<i>Country</i>

APPLICANT MUST SIGN BELOW

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 disability, 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 their mark to this application in my presence and I know them to be the person who affixed their 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. (SEC. 8-404)
- Unless you have applied for an absentee ballot as a permanently disabled person, this application is good only for the election to which it specifically pertains. You must renew your application for any future elections if you are still eligible to vote absentee.

OFFICE USE ONLY	
DATE STAMP	ENTRY (S) _____ INIT _____
Reason for Denial: _____	Denied by: _____