



NASSAU COUNTY BOARD OF ELECTIONS
400 COUNTY SEAT DRIVE
MINEOLA, NY 11501

NASSAU COUNTY ABSENTEE BALLOT APPLICATION

IMPORTANT: THIS IS NOT A VOTER REGISTRATION FORM. YOU MUST BE REGISTERED. *Application must be **POSTMARKED not later than seven days before election to Board of Elections, or may be HAND DELIVERED through day before election. NO FAXED APPLICATIONS WILL BE ACCEPTED.***

Ballot is requested for the following election: ☐ PRIMARY ☐ GENERAL ☐ SPECIAL
Check whichever election applies and complete that section on this form: Complete both pages.

INSTRUCTIONS

1. Fill in your name, date of birth, address, and the address where you want your ballot sent.
2. Please check (✓) the election for which you are requesting an absentee ballot.
3. Complete the appropriate section of this application – Section A, B, B-1, or C.
4. Check the appropriate box specifying reason for this application.
5. Check how ballot is to be delivered to voter – in person, given to authorized person, or mailed to resident address.
6. Remember to sign the application. If unable to sign, have your mark witnessed and have the witness sign and give his/her residence address. **Form will be returned if not signed.**
7. Mail completed application to Nassau County Board of Elections, 400 County Seat Drive, Mineola, NY 11501-4800 no later than the 7th day before the specified election or delivered in person no later than the day before the election. The ballot itself must either be returned in person no later than the day of the election, or postmarked by the postal service not later than the day **before** the election and received no later than the 7th day after the election.

Name _____ Date of Birth _____ / _____ / _____

Address _____
Street Address Post Office

Mailing address for
Ballot _____
Street Address or School Address - include Apt. number, Room number, etc.

City, State, Zip Code _____ Country if not USA _____

- ☐ **A. DUE TO DUTIES, OCCUPATION, BUSINESS, STUDIES, VACATION, DETAINED IN JAIL, etc.**
☐ **B. DUE TO TEMPORARY ILLNESS OR PHYSICAL DISABILITY**
☐ **C. DUE TO PERMANENT ILLNESS OR PERMANENT DISABILITY**
☐ **D. DUE TO ACCOMPANYING A SPOUSE, PARENT, OR CHILD**

I am an applicant for an absentee ballot, and I state that I reside at the address listed above and that I am a REGISTERED voter of the County of Nassau and I know of no reason why I am no longer qualified to vote. If this application is for a Primary, I further state that I am properly enrolled to vote in such primary.

- ☐ **Deliver to me at the Board of Elections**
☐ **Deliver ballot to _____ who I authorize to receive my ballot**
☐ **Mail ballot to me at mailing address above.**

IMPORTANT: YOU MUST COMPLETE ONE OF THE SECTIONS BELOW

☐ **A. DUE TO TEMPORARY ILLNESS OR PHYSICAL DISABILITY**

I certify that I have been advised by my medical practitioner or Christian Science practitioner:

Name and address of Physician or Practitioner) _____ Telephone# _____
that I will be unable to appear personally at the polling place of the election district in which I am a REGISTERED voter on the day of the next () General, () Primary or () Special Election because of my () ILLNESS or () PHYSICAL DISABILITY. I expect, in good faith, to be confined at (insert: "HOME" or NAME AND ADDRESS OF HOSPITAL OR INSTITUTION Where you expect to be confine

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[] B. DUTIES OCCUPATION, BUSINESS, STUDIES, VACATION, DETAINED IN JAIL, ETC.

I expect to be absent from the County of Nassau, the day of the next [] Primary [] General or [] Special election because my duties, occupation business, studies or vacation require me to be elsewhere, as follows:

1. Explain briefly your position requiring such absence, and **give dates when you expect to begin and end your absence:**
(Form will be returned if this section is not filled in.)

2. Place or places where you expect to be on business, studies, or vacation _____
3. Name of employer, school, or self employed _____
4. Address of employer, or school: _____
5. If you are the accompanying spouse, parent or child of person entitled to absentee ballot:
Name of such person: _____ Relationship to you: _____
Reason for Person's Absence: _____ (Separate applications required.)
6. If you are applying because you are or expect to be a patient in a Veterans' hospital, give name and address of hospital: _____
7. If application is based on confinement pending trial in a criminal proceeding or for conviction of a crime or offense other than a felony, give particular information: _____
Place where confined or detained _____

[] C. DUE TO PERMANENT ILLNESS OR PERMANENT DISABILITY

I hereby certify that such illness or disability is permanent and request that Absentee Ballots be mailed to me for future elections (conducted by the Board of Elections) without my making further application. The nature of my permanent illness or disability is: _____

[] D. ACCOMPANYING A SPOUSE, PARENT, OR CHILD

I hereby certify that I will be accompanying my spouse, parent, or child, who fall within one of the aforementioned categories. Name and address of such relative: _____
(In the event that this application is not accompanied by the application of such spouse, parent, or child, you must complete the appropriate section above (A-5) by setting forth the details as they relate to that person.)

"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." OR **IF UNABLE TO SIGN**; "By my mark, duly witnessed hereunder I 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: _____ 20_____

Signature or Mark of Applicant

"I, the undersigned, hereby 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 said application and I 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 (required only if Applicant cannot sign name)

Address of Witness

Fold Here

Place Stamp Here

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