



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:

Date of Birth:

NAME: _____
ADDRESS: _____
MAILING: _____
CITY, STATE ZIP: _____

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: (mailing address)

 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 patient or inmate in a Veterans' Administration Hospital
 temporary illness or physical disability 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
 permanent illness or physical disability
 duties related to primary care of one or more individuals who are ill or physically disabled

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

Applicant Must Sign 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 **Date:** ___ / ___ / ___

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 have made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

Date: ___/___/___ Name of Voter: _____ 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.

(address of witness to mark) (signature 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**