

# ONONDAGA COUNTY ABSENTEE BALLOT APPLICATION (8-400)

Onondaga County Board of Elections-1000 Erie Blvd West-Syracuse NY 13204- [www.ongov.net/elections](http://www.ongov.net/elections)

Application's must be signed and delivered to the Onondaga County Board of Elections not later than 5:00 pm the day before Election Day or postmarked not later than seven (7) days before the Election.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Onondaga County Address: \_\_\_\_\_

**Mail Ballot to this Address:** (Ballots are mailed approximately 3 weeks before each Election)

I designate the following person to pick up my ballot: \_\_\_\_\_

**Absentee Ballots are requested for the following Elections:**

PRIMARY ELECTION ONLY       GENERAL ELECTION ONLY       BOTH

Any Election held between the following dates: \_\_\_\_\_ to \_\_\_\_\_

**I AM REQUESTING AN ABSENTEE BALLOT DUE TO:**

Absent from County       Temporary illness or Disability

Primary Caregiver for ill or disabled person(s)       Permanent illness or Disability

Detention in jail awaiting action by grand jury or a Trial or confined in jail for an offense other than a felony      *\*A Permanent absentee status qualifies you to automatically receive an absentee ballot for each election you qualify for without a new application*

**ALL APPLICANTS MUST SIGN BELOW (Signature by 'Power of Attorney' will not be accepted)**

*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*

**SIGN** \_\_\_\_\_ **Date** \_\_\_\_\_

**THIS SECTION TO BE COMPLETED ONLY BY PERSONS UNABLE TO SIGN (Signature by 'Power of Attorney' will not be accepted)**

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 received assistance in making my mark in lieu of my signature.

Date \_\_\_\_\_ Mark of Applicant \_\_\_\_\_

I, the undersigned, hereby certify that the above named voter affixed his/her mark to this application in my presence and I know him/her to be the person who affixed their mark to said application and understand this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains any material false statement, shall subject me to the same penalties as if I had been duly sworn.

Signature of Witness \_\_\_\_\_ Address \_\_\_\_\_

**TIME STAMP**

Voted in office

Ballot taken

\_\_\_\_\_  
Staff initials

**FOR OFFICE USE ONLY**

Party \_\_\_\_\_

Registration # \_\_\_\_\_

Ward/Town/Dist \_\_\_\_\_