



**NASSAU COUNTY BOARD OF ELECTIONS  
240 OLD COUNTRY ROAD-5<sup>TH</sup> FLOOR  
MINEOLA, NY 11501-4250**

**NASSAU COUNTY ABSENTEE BALLOT APPLICATION**

**IMPORTANT:** THIS IS NOT A VOTER REGISTRATION FORM

This application must be **POSTMARKED** and mailed not later than seven days before an election or it may be

**HAND DELIVERED** not later than the day before election. **NO FAXED APPLICATIONS WILL BE ACCEPTED.**

The ballot itself must be delivered to the Board not later than the close of polls on Election Day or postmarked and mailed not later than the day before election and received no later than the seventh day after election.

Name (Please Print) \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_  
Street address Post Office

Address where ballot should be delivered \_\_\_\_\_  
Street address or School address – include apt number, Room number etc.

City, State, Zip Code Country if not USA

**Please check ( √ ) which election(s) for which you are requesting this application**  
**[ ] PRIMARY [ ] GENERAL [ ] SPECIAL**

**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, 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. **Application will be returned if not signed.**
7. Fold and staple or scotch tape the completed application, affix a stamp, and return to the Board of Elections no later than the 7<sup>th</sup> day before the specified election or deliver in person no later than the day before the election. Once you receive and vote your ballot, you must either return it in person no later than the day of the election, or it must be postmarked by the postal service no later than the day before the election and received no later than the 7<sup>th</sup> day after the election

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

.....  
Fold here

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place Stamp  
Here

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NASSAU COUNTY ABSENTEE BALLOT APPLICATION

Complete both sides of this form

I am an applicant for an absentee ballot, and I state that I reside at the address listed and that I am a REGISTERED voter of the County of Nassau and 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 ballot to me at the Board of Elections
[ ] Deliver ballot to \_\_\_\_\_ whom I authorize to receive my ballot
[ ] Mail ballot to me at the designated address on reverse side of this page

IMPORTANT: YOU MUST COMPLETE ONE OF THE SECTIONS BELOW

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

I expect to be absent from Nassau County on Election day. My duties, occupation business, studies or vacation require me to be elsewhere as follows:

1. Briefly explain your position and nature of your duties, occupation, business studies or vacation requiring such absence.

Dates when you expect to begin and end your absence \_\_\_\_\_ (Form will be returned if dates are not provided)

- 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 applying because you are or expect to be a patient in a Veteran's 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 felony, give particular information \_\_\_\_\_
Place where confined or detained \_\_\_\_\_

[ ] B. 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 by setting forth the details as they relate to that person.)

[ ] C. 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) \_\_\_\_\_ Tel # \_\_\_\_\_

That I will be unable to go to my polling place due to my [ ] ILLNESS [ ] PHYSICAL DISABILITY I expect, in good faith, to be confined at HOME or NAME AND ADDRESS OF HOSPITAL OR INSTITUTION: \_\_\_\_\_

[ ] MY ILLNESS OR DISABILITY IS PERMANENT

The nature of my permanent illness or disability is \_\_\_\_\_

I hereby certify that such illness or disability is permanent and request that Absentee Ballots be mailed to me for all future elections (conducted by the Nassau County Board of Election) without my making further application.

"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."

Signature or Mark of Applicant \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

"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 his/her 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)

Witness Address