



Otsego County Absentee Ballot Application

Please print clearly and mail to:

Otsego County Board of Elections
140 Co Hwy 33W, Suite 2
Cooperstown, NY 13326

For Board Use ONLY

ED: _____

ID#: _____

PARTY: _____

ABS TYPE: _____

Election(s): _____

INIT: ___ ___/___/___

1 Name: _____

Otsego County (No PO Boxes)
Residence Address: _____

City: _____ **State:** NY, **Zip:** _____

Date of Birth: ___/___/___

Phone/Email (optional): _____

2 I am requesting, in good faith, an absentee ballot due to: *check ONLY ONE*

<input type="checkbox"/> Absence from Otsego County on election day	<input type="checkbox"/> Primary caregiver for ill or disabled person(s)
<input type="checkbox"/> Temporary illness or physical disability	<input type="checkbox"/> Patient in a Veterans' Administration Hospital
<input type="checkbox"/> Permanent illness or disability (Skip Section 3)*	<input type="checkbox"/> Detention in jail or prison, awaiting action by a grand jury or trial, or confined in jail for an offense which was not a felony

* A Permanent absentee status qualifies you to automatically receive an absentee ballot for each election you qualify for without a new application

3 Absentee ballot requested for the following election(s): *Note: Application only valid thru 12/31 of the calendar year*

Any election(s) held between these dates: absence begins: ___/___/___ absence ends: ___/___/___

-OR-

Primary Election General Election Special Election

4 Delivery of ballot(s): *check ONLY ONE* Deliver to me in person at the board of elections

Mail ballot(s) to:

street # and name (or PO Box) apt. city state zip

I authorize: _____ to pick up my ballot(s) at the board of elections.

↑print name of designee↑

5 Applicant must sign or mark below:

I certify that I am a qualified and a registered (and for a 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:

Today's Date: ___/___/___ **Sign Here:** _____

Only Complete – 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 had made, or have the assistance in making, my mark in lieu of my signature. (NO power of attorney or preprinted name stamps allowed.)

Today's 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)

Instructions:

Who may apply for an absentee ballot?

Each person must apply for themselves. It is a felony to make a false statement in an application for an absentee ballot, to attempt to cast an illegal ballot, or to help anyone to cast an illegal ballot.

Information for military and overseas voters:

If you are applying for an absentee ballot because you or your family are in the military or because you currently reside overseas, do not use this application. You are entitled to special provisions if you apply using the Federal Postcard Application (FPCA). For more information about military/overseas voting, the board of elections or refer to the Military and Federal Voting sections at: www.fvap.gov

Where and when to return your application:

Applications must be mailed (and postmarked) seven days before the election, or hand-delivered to the board of elections by the day before the election.

Options available to you if you have an illness or disability:

If you check the box indicating your illness or disability is permanent, once your application is approved, you will automatically receive a ballot for each election in which you are eligible to vote without having to apply again. You may sign the absentee ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp is not allowed for any voting purpose.

When your ballot will be sent:

Your absentee ballot materials will be sent to you at least forty-six days before any election in which you are eligible to vote. If you applied after this date, your ballot will be sent within twenty-four hours after your completed and signed application is received and processed. If you provide dates in Section 3, identifying the time frame within which you will be absent from the county, you will be sent a ballot for any election which might occur during the time frame you have specified. If you prefer, you may designate someone to pick up your ballot for you by completing the required information in Section 4 as appropriate. Contact the board of elections if you have not received your ballot.

Otsego County Board of Elections
140 Co Hwy 33W, Suite 2
Cooperstown, NY 13326
(607)547-4247/4325
boe@otsegocounty.com
www.otsegocounty.com