

**EAST FISHKILL PUBLIC LIBRARY DISTRICT
ABSENTEE BALLOT APPLICATION**

ADDRESS IN DUTCHESS COUNTY

Name		
Street Address		
City	Zip	State
Date of Birth		

STATEMENTS

I am a registered voter in East Fishkill and do now apply for an Absentee Ballot for the East Fishkill Public Library District vote. I know of no reason why I am no longer qualified to vote.

Mail my Absentee Ballot to:

I will be absent from East Fishkill on the day of election for one of the following reasons (*check only one*):

Duties, Occupation, Business, Studies or Vacation

Briefly explain and provide the dates when you expect to begin and end your absence:

Jail or Prison

Absent because I expect to remain detained/confined 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.

Print name of institution:

Illness, disability or hospital patient

Unable to go to my polling place because I am ill or disabled and advised not to by my medical or Christian Science practitioner.

Name and address of medical or Christian Science practitioner:

Name and address of hospital:

Accompanying a spouse, parent or child in one of the foregoing categories.

Name and address of such relative:

Turn page and complete side 2

ALL APPLICANTS MUST SIGN BELOW

I certify that the information in this application is true and correct and I 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.

Date:	Signature of Voter:
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(If applicant is unable to sign application because of illness, 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 disability or because I am unable to read. I have made, or have had assistance in making, my mark in lieu of my signature.

Date	Name of Voter	Mark
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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 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

