

Cornwall-on-Hudson Absentee Ballot Application

Please print clearly.

This application must either be personally delivered to the Village Clerk's office not later than the day before the election if the absentee ballot is being picked up by you or your designee, or received by the Village Clerk's office not less than seven (7) days prior to the date of the election if the ballot is to be mailed to you. The ballot itself must be received by the Village Clerk's office not later than the close of the polls on the day of the election. **Cornwall-on-Hudson Village Clerk, Village Hall, 325 Hudson St., Cornwall-on-Hudson, NY 12520.**

CLERK USE ONLY
Town/City/Ward/Dist: _____
Registration No: _____
Party: _____
<input type="checkbox"/> voted in office

1. I am requesting, in good faith, an absentee ballot due to (check one reason):

<input type="checkbox"/> absence from county or New York City on election day	<input type="checkbox"/> resident or patient of a Veterans Health Administration Hospital COVID-19 Exposure Concerns
<input type="checkbox"/> temporary illness or physical disability	<input type="checkbox"/> 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
<input type="checkbox"/> permanent illness or physical disability	
<input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled	

2. absentee ballot requested for the following election:

Village Election 03/16/2021

3. last name or surname _____ first name _____ middle initial _____ suffix _____

4. date of birth MM/DD/YYYY _____ county where you live _____ phone number (optional) _____ email (optional) _____

Orange

5. address where you live (residence) street _____ apt _____ city _____ state _____ zip code _____

Cornwall-on-Hudson NY

6. [intentionally left blank]

7. Delivery of General (or Special) Election Ballot (check one) Deliver to me in person at the Village Clerk's office.

I authorize (give name): _____ to pick up my ballot at the Village Clerk.

Mail ballot to me at: (mailing address)

_____ street no. _____ street name _____ apt. _____ city _____ state _____ zip code _____

Applicant Must Sign Below

8. 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 _____

MM/DD/YYYY

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. See detailed instructions.)

Date ____/____/____ Name of Voter: _____ Mark: _____

MM/DD/YYYY

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)

Clerk Use Only
