APPLICATION FOR ABSENTEE BALLOT NOTE: A separate absentee ballot application must be submitted to your county board of elections for each primary or election.

	(PLEASE PRINT NAME EXACTLY AS REGISTERED)		
	(HOME ADDRESS)		
ALL VOTERS FILL OUT HERE	(POST OFFICE)	(ZIP CODE)	(COUNTY)
	(MUNICIPALITY)	(WARD)	(DISTRICT)
	(OCCUPATION) (DATE OF BIRTH) I have lived at this address since		
	MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS (STREET ADDRESS)		
	(POST OFFICE)	(STATE)	(ZIP CODE)
	I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:		
	ABSENCE FROM THE MUNICII		PR PHYSICAL DISABILITY E SECTION B
SECTION A - ABSENCE FROM THE MUNICIPALITY I declare that I am eligible to vote absentee at the forthcoming primary or election since I expect to occupation or business will require me to be absent from the municipality of my residence on the primary or election for the reason stated below; and that all of the information which I have listed absentee ballot application is true and correct. (INSERT REASON FOR ABSENCE HERE)			ny residence on the day of the
BUS	(DATE) (SIGNATURE OF ELECTOR		TURE OF ELECTOR)
ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE	SECTION B – ILLNESS OR PHYSICAL DISABILITY I declare that I am eligible to vote absentee at the forthcoming primary or election due to the illness or physica disability stated below; that the information required to be listed pertaining to my attending physician is correctly stated herein and that all other information that I have listed on this absentee ballot application is true and correct.		
	(INSERT P	PHYSICAL ILLNESS OR DISABILITY HI	ERE)
	(NAME OF PHYSICIAN)		(PHONE NO.)
	(OFFICE ADDRESS)		
	(DATE)	(SIG	NATURE OF ELECTOR)
	IF UN	ABLE TO SIGN COMPLETE SECTION C	
	SECTION C The following to be completed if applicant is unable to sign because of illness or physical disability. 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. I have made, or have received assistance in making my mark in lieu of my signature.		
	(DATE)		(MARK)
	(COMPLETE ADDRESS OF WITNESS) (SIGNATURE OF WITNESS) NOTE: Electors requiring assistance in voting must procure Special Form from the county Board of Elections to transmit with this application.		
	WARNING – IF YOU ARE ABLE TO VOTE IN PERSON ON ELECTION DAY, YOU MUST GO TO YOUR POLLING PLACE, VOID YOUR ABSENTEE BALLOT AND VOTE THERE.		