

VILLAGE OF WESTHAMPTON BEACH ABSENTEE BALLOT APPLICATION

Please print clearly. (See detailed instructions)

Date Received: _____

This **application** must either be personally delivered to the Village Office no later than June 14, 2024 or postmarked by a governmental postal service no later than June 14, 2024. The **election ballot** itself must either be personally delivered to the Village Clerk no later than the close of business on June 21, 2024 or to the polling place no later than the close of the polls on election day.

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

<input type="checkbox"/> absence from village on election day	<input type="checkbox"/> patient or inmate in a Veterans Hospital
<input type="checkbox"/> temporary illness or physical disability	<input type="checkbox"/> detention in jail/prison, awaiting trial,
<input type="checkbox"/> permanent illness or physical disability	awaiting action by a grand jury, or in prison
<input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled	for a conviction of a crime or offense which was not a felony

2 Last Name: _____ First Name: _____ Middle Initial: _____

3 Date of Birth: ____/____/____ Phone number: (optional) _____ County: _____

4 Address where you live:
Street _____ City _____ State _____

5 Delivery of Election Ballot (check one):

I authorize (give name) _____ to pick up my ballot.

Mail to me at: (mailing address)

street no. street name city state zip code

6 APPLICANT MUST SIGN BELOW:

I certify that I am a qualified and a registered voter; and 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 ____/____/____
(Signature or Mark of Voter)

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 _____

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.

Date: ____/____/____ Signature of Witness: _____