

**If Ballot is to be Mailed:**

**Must be RECEIVED NO LATER THAN SEVEN DAYS BEFORE ELECTION**

**OR**

**May be filed IN PERSON through the day before the election (December 9, 2019)**

to The District Clerk, North Shore Central School District

112 Franklin Avenue, Sea Cliff, New York 11579

**ABSENTEE BALLOT APPLICATION**

CATEGORY (check one):

- A. Duties, occupation, business, studies
- B. Temporary illness or disability
- C. Vacation
- D. Detained or confined in jail or prison

I, \_\_\_\_\_, an applicant for an absentee ballot, state:  
(name - type or print clearly)

I reside at \_\_\_\_\_  
(address from which you are registered)

I am a qualified registered voter and I know of no reason why I am no longer qualified to vote.

I will be unable to appear to vote in person on the day of the North Shore Central School District election for which the absentee ballot is requested because:

**(COMPLETE APPROPRIATE SECTION BELOW)**

**A. DUTIES, OCCUPATION, BUSINESS, STUDIES**

My duties, occupation, business, or studies requires me to be outside of the county or city of my residence on such day.

1. Explain briefly your position and nature of duties, occupation, business or studies requiring such absence.  
\_\_\_\_\_
2. Name of employer, if any \_\_\_\_\_  
(if self-employed or retired, so state; if student, give name of school)
3. Address of employer \_\_\_\_\_  
(if student, give address of school)
4. If you are the accompanying spouse, parent or child of person entitled to absentee ballot:  
Name of such person \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Home address (where registered) \_\_\_\_\_  
Reason for such person's absence \_\_\_\_\_

**B. TEMPORARY ILLNESS OR DISABILITY**

Because of \_\_\_\_\_ illness \_\_\_\_\_ physical disability, I will be unable to appear personally at the polling place on the day of the election. I expect in good faith to be confined at (insert "home" or name/address of hospital or institution)

**C. VACATION**

I will be on vacation on the day of the election.

I expect that such vacation will begin on \_\_\_\_\_ and end on \_\_\_\_\_  
Date Date

and will be at the following name place or places: \_\_\_\_\_

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**D. DETAINED OR CONFINED IN JAIL OR PRISON**

I will be unable to appear personally at the polling place because

- I am detained in jail awaiting action by a grand jury  
 I am awaiting trial  
 I am confined in prison after conviction for an offense other than a felony

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**ALL APPLICANTS MUST COMPLETE THIS SECTION**

I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand that if I make any material false statement in the foregoing statement of application for absentee ballot, I shall be guilty of a misdemeanor.

Date \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Signature of Voter)

**IF UNABLE TO SIGN:** 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. I have made, or have received assistance, in making my mark in lieu of my signature.

Date \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Mark)

"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)

\_\_\_\_\_  
(Signature of Witness)

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Please send ballot to me, or to a member of my family at:

\_\_\_\_\_  
(Print clearly – your own name or other)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

--OR--

Deliver my ballot, at the office of the District Clerk, to the person designated in my signed letter accompanying this application.

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