

VILLAGE OF _____
ABSENTEE BALLOT APPLICATION

(See Reverse Side for Instructions)

To the Village of _____, an applicant for an absentee ballot, states as follows:
(print or type name)

I reside at _____ in the City, Town or Village of _____, and I am or will be
(street, number) over eighteen (18) years of age on _____, and I am or will be
(insert date of election)

I am a citizen of the United States and I have or will have resided in the Village of _____
for thirty (30) days next preceding _____ I (am) or (am not) a
(insert date of election) (strike one of above)
registered voter in the Village of _____

I will be unable to appear to vote in person on the day of the Village election for which the absentee ballot is requested because: (place "x" in the applicable box):

(1) I will be a patient in a hospital or unable to appear personally at the polling place on such day because of illness (permanent/temporary) or physical disability.
(strike one of above)

(a) Hospital Name and Address: _____

(2) My duties, occupation or business will require me to be outside of the County or City on the day of the election.

(a) Explain briefly your position and the nature of duties, occupation or business requiring such absence. _____

(b) My duties, occupation or business are not of such a nature as to ordinarily require such absence. Set forth the special circumstances on account of which such absence is required. _____

(c) Name and address of employer, if any, and, if self-employed, so state _____

(3) I will be on vacation outside the County or City on the day of the election.

(a) Place or places where you expect to be on vacation _____
(b) The dates when vacation is expected to begin and end _____

(4) I will be absent from my voting residence because of being detained in jail (check one of the following):

- (a) awaiting action of a grand jury.....
- (b) awaiting trial.....
- (c) confined in prison after conviction for offense other than a felony.....

(5) I am a spouse, parent or child of _____
(strike two of above)
who has applied for an absentee ballot and will accompany him/her on the day of the village election.

"I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND 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 _____

INSTRUCTIONS FOR ABSENTEE BALLOT APPLICATION

1. All applicants for absentee ballot shall fill out in full the application on the front and if applicable, rear of this form and sign it.
2. All absentee ballot applications must be received by the **Board of Elections** at least seven (7) days before the election if the ballot is to be mailed to the voter, or the day before the election if the ballot is to be delivered personally to the voter.
3. Where a person is or would be, if he were a qualified voter, entitled to apply for the right to vote by absentee ballot under the provisions of this Section, his spouse, child or parent, if a qualified voter and a resident of the same village, shall be entitled to vote as an absentee voter upon personally making and signing an absentee ballot application showing that he expects to be absent from the village on the day of the village election by reason of accompanying or being with the spouse, child or parent who is or would be, if he were a qualified voter, so entitled to apply for the right to vote by absentee ballot, and, in the event no application is made by such spouse, child or parent, such further information as the Board of Registration shall require.
4. If a person entitled to an absentee ballot is unable to sign his or her application because of illness, physical disability or inability to read he or she shall be excused from signing upon making a statement, in substantially the following form, which shall be witnessed by one person:
"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 received assistance in making, my mark in lieu of my signature."

(Date) _____ (Mark)

(Name of Voter) _____

"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)

_____ (Address of Witness)