



**PELHAM PUBLIC SCHOOLS**  
**18 Franklin Place Pelham, NY 10803**

**APPLICATION FOR ABSENTEE BALLOT**

Name: \_\_\_\_\_  
(PLEASE PRINT)

Residence Address (mandatory): \_\_\_\_\_

Mailing Address (if different from Residence Address): \_\_\_\_\_  
\_\_\_\_\_

In order to receive an absentee ballot, you must complete the following:

1. I am or will be, on the day of the school district vote, a qualified voter of the Pelham Union Free School District.

(Check One) YES \_\_\_\_\_ NO \_\_\_\_\_

2. I am or will be, on the day of the school district vote, over eighteen years of age, a citizen of the United States and will have resided in the school district for thirty days next preceding the date of the vote.

(Check One) YES \_\_\_\_\_ NO \_\_\_\_\_

3. I am a registered voter of the district.

(Check One) YES \_\_\_\_\_ NO \_\_\_\_\_

4. In good faith, I will be unable to appear to vote in person on the day of the school district vote for which the absentee ballot is requested because:

a. \_\_\_ I will be a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability; or

b. \_\_\_ My duties, occupation, or business will require me to be outside of the county of my residence on such day; or

c. \_\_\_ I will be on vacation outside of the county of my residence on such day; or

d. \_\_\_ I will be absent from my voting residence because I will be detained in jail awaiting action by a grand jury or awaiting trial; or

e. \_\_\_ I will be confined in prison after conviction for an offense other than a felony; or

f. \_\_\_ My studies will require me to be outside of the county of my residence on such day. (I am not a registered voter in the state and/or county of my college or university.)

5. If you have checked 4b above, please complete (a) or (b) below.

a. If your duties, occupation, or business are of such a nature as ordinarily require such absence, please give a brief description of such duties, occupation or business:

\_\_\_\_\_

- b. If your duties, occupation, or business are not of such a nature as ordinarily require such absence, please indicate the special circumstances on account of which such absence is required.

\_\_\_\_\_

6. If you have checked 4c above, please complete the following:

- a. Date you expect to begin your vacation \_\_\_\_\_  
b. Date you expect to end your vacation \_\_\_\_\_  
c. Place or places you will be on your vacation \_\_\_\_\_  
d. Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_

7. If you have checked 4f above, please complete the following:

School Address where ballot is to be sent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT MUST SIGN BELOW – Only original signatures will be accepted.**

I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and 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 \_\_\_\_\_ SIGNATURE OF VOTER \_\_\_\_\_

*If applicant is unable to sign the application because of illness or physical disability, the following statement must be completed and witnessed.*

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, or have received assistance in making my mark in lieu of my signature.

DATE \_\_\_\_\_ MARK OF VOTER \_\_\_\_\_

I, the undersigned, hereby certify that the above names voter affixed his/her mark to this application in my presence and I know him/her to be the person who affixed his/her mark to said application, and I 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 WITNESS \_\_\_\_\_  
ADDRESS OF WITNESS \_\_\_\_\_

**Return to: District Clerk  
Pelham Public Schools  
18 Franklin Place  
Pelham, NY 10803  
Phone: 914-738-3434**

**This application must be received by the District Clerk at least seven (7) days before the vote if the ballot is to be mailed to the voter; OR the day before the vote if the ballot is to be delivered personally to the voter at the District Clerk's Office.**