

# VILLAGE OF QUOGUE ABSENTEE BALLOT APPLICATION

7 Village Lane P.O. Box 926, Quogue, NY 11959

To receive an absentee ballot:

**Please Print Clearly**

**In-Person:** Application must be personally delivered to the village clerk's office not later than the day before the election. Election Law § 15-119(7)

**By Mail:** Application must be received by the village clerk's office not later than the 7<sup>th</sup> day before the election. Election Law § 15-119(7)

The Ballot itself must be received by the village clerk's office no later than the close of polls on Election Day in order to be canvassed.

Election Law § 15-119(10)

1.	I am Requesting, in good faith, an absentee ballot due to (check one):	
	<input type="checkbox"/> absence from County 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, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony.
	<input type="checkbox"/> permanent illness or physical disability	
	<input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled	

2.	Absentee ballot(s) requested for the following election(s):	
	<input type="checkbox"/> June 19, 2026 Village election	<input type="checkbox"/> All remaining elections in the Village calendar year

3.	Last Name:	First Name:	Middle Initial:

4.	Date of Birth: ____/____/____	Phone Number: (optional)	County:

5.	Address where you live:		
	Street: _____	City: _____	State: _____

6.	Delivery of Absentee Election Ballot (check one)	
	<input type="checkbox"/> Deliver to me in person at the Village Clerk's Office.	
	<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the Village Clerk's Office.	
	<input type="checkbox"/> Mail ballot to me (mailing address): _____	

## APPLICANT MUST SIGN BELOW:

7.	I certify that I am a qualified and 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 materially false statement, shall subject me to the same penalties as if I had been duly sworn.	
	SIGN HERE: _____ 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 witnesses 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 or 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 materially false statement, shall subject me to the same penalties as if I had been duly sworn.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_