



Ulster County Special Ballot Application

Please Print Clearly & Mail To:

Ulster County Board of Elections
284 Wall Street
Kingston, NY 12401

For Board Use Only

Town/Dst:

Reg #:

Party:

Date of Birth:

BOE Initials: _____ / _____

Commissioners Initials:

_____ / _____

Name:

Address:

Mailing Address:

City, State, Zip code:

1

For use at this year's: (please check all that apply)

Primary Elections

General Election

Special Election

2.

I am a registered (and for primary, enrolled) voter in this county, and I am unable to vote in person at my designated polling place, for the following reason:

Election Law Section 11-300: It is against my religious scruples to vote at a polling place located in a premises used for religious purposes. (Ballot to be cast in person not earlier than one (1) week before the election and not later than the close of polls on Election Day.)

Election Law Section 11-302: My duties as a Board of Elections Employee, Election Inspector, Poll Clerk, Election Coordinator, or Voting Machine Custodian/Technician require me to be elsewhere. **(Ballot to be cast not later than the close of polls on Election Day.)**

Election Law Section 11-306: I do hereby swear or affirm that I am a victim of domestic violence, and further that I have left my residence because of such violence, and further that because of this threat of physical or emotional harm to myself or to family or household members, I wish to cast a special ballot. (Ballot to be cast in person not earlier than one (1) week before the election and not later than the close of polls on Election Day.)

Applicant Must Sign Below

3.

Date: _____ / _____ / _____

Signature of Applicant/Voter

Only Complete -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 had made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

Date: _____ / _____ / _____

Signature of Witness to Mark

Address of Witness to Mark