**Village of Marcellus**

**Absentee Ballot Application**

**Please print clearly**.

To receive an absentee ballot: ***By Mail***: Application must be received by the Village Clerk's office at 6 Slocombe Ave, Marcellus, NY 13108 not later than **Tuesday, March 10, 2026**. *Election Law §15-120(5).* ***In-Person***: Application must be personally delivered to the Village Clerk at 6 Slocombe Ave, Marcellus, NY 13108 not later than **Tuesday, March 17, 2026**. *Election Law §15-120(5).*

The ballot itself must be received by the Village Clerk's office **no later than 9:00pm EST on Wednesday, March 18, 2026**. *Election Law §15-119(10).*

**I am requesting, in good faith, an absentee ballot due to (check one reason):**

- ☐ absence from county on election day
- ☐ temporary illness or physical disability
- ☐ resident or patient of a Veterans Health Administration Hospital
- ☐ 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
- ☐ duties related to primary care of one or more individuals who are ill or physically disabled

*If you are permanently ill or disabled, you must file an application with the Onondaga County Board of Elections to receive an Absentee Ballot for subsequent elections.

**I am requesting an absentee ballot**

☐ for the upcoming March 2026 Village election only

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| Last Name | | First Name | | Middle Initial | Suffix |
| | | | | | |
| Date of birth (MM/DD/YYYY) | County where you live | Phone Number (optional) | | Email (optional) | |
| | | | | | |
| Street address where you live (residence) | | Apt. | Village | State | Zip Code |

**Delivery of Absentee Ballot** (check one)

☐ Deliver to me in person at Village Clerk's office

☐ I authorize (given name): _____ to pick up my ballot from the Village Clerk

☐Mail ballot to me at: ☐Same address as above ☐ Alternate address below

_____

Street Address Apt. City State Zip Code

**Applicant Must Sign Below**

I certify that I am a qualified and registered voter and that 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: _____
MM/DD/YYYY

If applicant is unable to sign because of illness, physical disability, or inability to read, the following statement must be executed:
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 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: _____ Name of voter: _____ Mark: _____
MM/DD/YYYY

I, the undersigned, hereby certify that the above-named voter affixed their mark to this application in my presence and I know them to be the person who affixed their 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.

_____ _____

Name Signature of witness to mark

_____

Address of witness to mark