## APPLICATION FOR ABSENTEE BALLOT

**ED-3 Rev. 2/09** You must complete a separate application for each election, primary and referendum.

**Instructions: All applicants must fill out sections I, II, III, IV, VI. If someone assists you in completing this application they must complete section VII. Members of armed forces and electors temporarily living overseas may also check one choice in section V, if applicable. Return completed application to your municipal clerk.**

RETURN TO:
Donna M. Anastasia
Town Clerk
Town Of Weston
P. O. Box 1007
56 Norfield Rd
Weston CT 06883

**For Municipal Clerk's Use**

**Outer Envelope Serial No.**

**Date Forms Issued**

| Check ▶ | Mailed to Applicant ☐ | Given to Applicant Personally ☐ |
|---|---|---|

| Pol. Subdivision | Voting District No. |
|---|---|
| | |

### Section I. – Applicant's Information

Name:_____ Date of Birth_____

Home Address:_____ Zip Code_____
*(Number, Street, Town)*

Telephone No._____ E-mail Address_____

### Section II. – Delivery of Absentee Ballot

The set of absentee voting forms shall be: *(check only one)*

☐ Given to me personally *(You must apply in person; forms will not be mailed to you.)*

☐ Mailed to me personally at the following address:

Mailing Address: _____

_____

_____

*(Use only if the mailing address is different from the address above.)*

☐ **Supervised Ballot.** Check this box if you live in an institution where supervised balloting will be conducted.

### Section III. - Purpose of Application

A. This application is for *(check one)*: ☒ Election ☐ Primary ☐ Referendum

B. Date of Election, Primary or Referendum: NOVEMBER 8, 2016

C. For PRIMARY only, specify party in which applicant is eligible to vote:_____

### Section IV. – Statement of Applicant

I the undersigned applicant believe that I am, or will be, eligible to vote at the election, primary or referendum indicated above and that I expect to be unable to appear at the polling place during the hours of voting for the reason below: *(check only one)*

☐ My active service in the Armed Forces of the United States

☐ My absence from the town during all of the hours of voting

☐ My illness

☐ My religious tenets forbid secular activity on the day of the election, primary or referendum

☐ My duties as a primary, election or referendum official at a polling place other than my own during all of the hours of voting

☐ My physical disability

**Section V.** *(This section to be used by Members of the Armed Forces and Electors Temporarily Residing Overseas only):*

☐ I am a member of the armed forces or the spouse or dependent living where such member is stationed who due to military contingencies needs additional time to vote by absentee ballot. I therefore request that a blank absentee ballot be issued to me beginning 90 days before the regular election. I understand that if the military contingency ceases to exist, I may apply for an additional ballot with candidates printed on it.

☐ I am an elector of the above municipality who is (1) temporarily living or expects to be living or traveling outside the territorial limits of the United States before and on election day or (2) a member of the armed forces or the spouse or dependent living where such member is stationed, and request that a blank absentee ballot, together with a complete list of candidates and questions be issued to me (approximately 45 days before an election and 30 days before a primary). If this application reaches the municipal clerk after the time of availability of regular absentee ballots, I understand that I will be sent a regular ballot with candidates printed on it.

### Section VI. – Applicant's Declaration

I declare, under the penalties of false statement in absentee balloting, that the above statements are true and correct, and that I am the applicant named above. *(Sign your legal name in full. If you are unable to write, you may authorize some one to write your name and the date in the spaces provided, followed by the word "by" and the signature of the authorized person. Such person must also complete section VII below.)*

Signature of Applicant:_____ Date Signed:_____

### Section VII. – Declaration of person providing assistance *(Completed by any person who assists with completion of application)*

I sign this application under penalties of false statement in absentee balloting.

Signature:_____ Printed Name:_____ Tel. No:_____