

***** APPLICANTS MUST SIGN BELOW *****

“I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND 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.”

_____ **20** _____
Date Signature of Applicant

**Applications must be signed and received by the Oneida County Board of Elections,
NO LATER THAN 5:00pm, seven (7) days before Election Day.**

Applications mailed must be Postmarked seven (7) days before Election Day.

ONLY TO BE COMPLETED BY PERSON WHO SIGNS WITH AN ‘X’

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

_____ **20** _____ (MARK)
Date Name of Voter

I, the undersigned, hereby certify that the above named voter affixed his/her mark to this application in my presence and I know him/her to be the person who affixed his 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 material false statement shall subject me to the same penalties as if I had been duly sworn.

_____ (Signature of Witness) _____ (Address of Witness)

revised: 04/08