Guilderland Central School District
Early Mail Ballot Application-Personal Registration

Please print clearly. See detailed instructions.
To receive an early mail ballot:

In-Person- Application must be personally delivered to your School District Clerk no later than the day before the election.

By Mail- Application must be received by your School District Clerk no later than the 7th day before the election.
The ballot must be received by the School District Clerk by 5pm on election day.

Last name or surname	First name	Middle Initial	Date of Birth

Address:

_____

Street no. Street name Apt. City State zip code

Delivery of Ballot (check one):

____Deliver to me in person at the Office of the School District Clerk.
____I authorize (give name): _____to pick up my ballot at the Office of the School District Clerk.
____Mail ballot to me at (if different from above address):

_____

Street no. Street name Apt. City State zip code

Applicant Must Sign Below

I am or will be, on the day of the School District election, a qualified voter of the School District, over eighteen years of age, a citizen of the United States, and have or will have resided in the School District for thirty days (30).

I hereby request an early mail voting ballot for the next School District election.
I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand that if I make any material false statement in the foregoing statement of application for early mail ballot, I shall be guilty of a misdemeanor.

Signature of Voter: _____ Date: _____

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 early mail 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. (No power of attorney preprinted name stamps allowed. See detailed instructions.)

Mark of Voter: _____ Date: _____

This day of ___/___/_____ l, _____the undersigned, hereby certify that the above-named voter affixed their 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 material false statement, shall subject me to the same penalties as if I had been duly sworn.

_____ _____

(address of witness to mark) (signature of witness to mark)