STARPOINT CENTRAL SCHOOL DISTRICT
4363 MAPLETON ROAD
LOCKPORT, NEW YORK 14094

Military Ballot Application

For Office Use Only

Ballot Mailed: ___ / ___ / ___
Ballot Faxed: ___ / ___ / ___
Ballot Emailed: ___ / ___ / ___

This application must be received by the District Clerk no later than April 22, 2021 for which a military ballot is sought.

I am requesting, in good faith, a military ballot for the **5/18/2021** Starpoint Central School District election due to (check one reason):

☐ The military voter is in military service and by reason of such military service will be absent on the day of the election, or the military voter will be discharged from such military service within 30 days of the election.

☐ The military voter is an eligible spouse, parent, child or dependent of a military voter.

Last Name	**First Name**	**Middle Initial**	**Date of Birth (MM/DD/YYYY)**
			/ /

Address (residence)	**Street**	**City**	**State**	**Zip Code**

Address (military)	**Street**	**City**	**State**	**Zip Code**

Delivery of Election Ballot (check one):

☐ Mailed to Military Address

☐ Facsimile Transmission: #_____

☐ Electronic Mail: _____

**********APPLICANT MUST SIGN BELOW**********

I am a qualified voter of the Starpoint Central School District in that I am, or will be on the date of the election, over 18 years of age, a citizen of the U.S. and have or will have resided in the district for thirty days preceding the 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 military ballot, I shall be guilty of a misdemeanor.

Signature: _____, Date ____ / ____ / _____
MM DD YYYY

ONLY TO BE COMPLETED BY PERSON WHO SIGNS WITH AN "X"

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

Date: ___ / ___ / ___ Name of Voter: _____ Mark: _____

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/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.

_____ _____
Signature of Witness Address of Witness