Baldwinsville
Central School District
Build - Educate - Empower

Military Ballot Application

Please print clearly.

This application may only be used for school district elections by qualified voters who reside in a school district that provides for personal registration of voters. A valid ballot application must be received by the Clerk of the District or designee **no later than 5:00 p.m. on April 25, 2024.** Please return to the Clerk of the District c/o Nicole Castillo via email to ncastillo@bville.org or fax to (315) 635-3970.

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1. Military ballot(s) requested for the following election(s):

☐ Annual election and budget vote ☐ Budget re-vote ☐ Special district election or referendum

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2.

Last name or surname	First name	Middle initial	Suffix

3.

Date of birth MM/DD/YYYY	County where you live	Phone number (optional)	Email (optional)

4.

Permanent Address	City	State	Zip code

5.

Military Address	City	State	Zip code	Country

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6. Delivery of School District Military Ballot (check one)

☐ Send by fax to: _____
☐ Send by email to: _____
☐ Mail to the military address written above
☐ Mail to alternate address:

Street no.	Street name	City	State	Zip code	Country

Applicant Must Sign Below

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7. I certify that I am a qualified and registered voter. 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 ballots, I shall be guilty of a misdemeanor.

Sign Here: X _____ **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. By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for a military 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 or preprinted name stamps allowed).

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 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.

_____ _____
(Print name of witness to mark) (Signature of witness to mark)

_____
(Address of witness to mark)