EMERGENCY APPLICATION FOR ABSENTEE BALLOT
ED-3E REV 8/99 (Secs. 9-133f, 9-140, 9-140b, 9-150c, and 9-369c)

(Español en otro lado)

For Municipal Clerk's Use

OUTER ENVELOPE SERIAL NO.

DATE FORMS ISSUED

You must complete a separate Application for each election, primary and referendum

This application is to be returned to municipal clerk of municipality in which you are a registered voter

This application is ONLY for those who apply for an absentee ballot because of unforeseen illness or physical disability occurring within 6 days before the close of the polls at an election, primary or referendum, or because they are patients in a hospital within such 6 day period.

THIS APPLICATION IS FOR *(Check one)*	DATE OF ELECTION, PRIMARY OR REFERENDUM	FOR PRIMARY USE ONLY specify party in which applicant eligible to vote	(Check)	MAILED TO APPLICANT	GIVEN PERSONALLY TO DESIGNEE OF APPLICANT
❑ Election Forms ❑ Primary Forms ❑ Referendum Forms					

NAME OF APPLICANT *(Please print or type)*	Applicant's Date of Birth	RESIDENCE (VOTING) ADDRESS *(No., street, town)*	POL. SUBDIVISION (if applicable)	VOTING DISTRICT NO.

STATEMENT OF APPLICANT

I, THE UNDERSIGNED, an elector (or applicant for admission as an elector) eligible to vote in the election or primary indicated, (or if appling for referendum forms, a voter entitled to vote in the referendum indicated), do hereby state that I expect to be unable to appear at the required polling place during the hours of voting of the indicated election, primary or referendum for the reason checked below:

(a) ❑ **MY UNFORESEEN ILLNESS**
OR
MY UNFORESEEN PHYSICAL DISABILITY

which occured on_____
(Date)

within six days preceding the close of the polls at the election, primary or referendum

OR

(b) ❑ I am a **PATIENT IN THE FOLLOWING HOSPITAL** on

_____being **within six days** before the close
(Date)

of polls of the election, primary or referendum.

_____
(Name and address of hospital)

I, THEREFORE, APPLY for a set of absentee voting forms to be used at such election, primary or referendum, which forms are:

❑ **TO BE GIVEN TO MY DESIGNEE** as indicated herein, if applicable, for delivery to me

OR

❑ **TO BE MAILED TO ME** at the following address, which is my bona fide personal mailing address. (Your bona fide personal mailing address may be either your voting residence or any other address to which you wish the forms mailed. The forms may only be mailed to you personally.)

MAILING ADDRESS *(No., Street, Town or city, State, Zip, or Foreign country)*

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. A married woman must sign her own first name, not her husband's. If you are unable to write, you may authorize someone to write your name and date in the spaces provided, followed by the word "by" and the signature of the authorized person.)
(sec. 9-140)

DATE SIGNED	SIGNATURE OF APPLICANT
	X

I hereby designate_____
(Name)

of_____
(complete address)

to deliver my ballot to me.

Such designee is (check one).

❑ a person caring for me because of my illness, including but not limited to a licensed physician or a registered or practical nurse

❑ a member of my family

(Designate one of the following only if none of the foregoing consents or is available).

❑ a police officer in the municipality in which I reside

❑ a registrar of voters, deputy registar of voters or assistant registrar of voters in the municipality in which I reside

STATEMENT OF DESIGNEE

I, the designee named above, consent to such designation and will perform the delivery indicated without tampering with the ballot in any way.

_____
(signature of designee)

Note: If authorized to deliver ballot to applicant, designee must personally submit this application to the municipal clerk.

PENALTIES FOR FALSE STATEMENTS

[a] PERSONS ARE GUILTY OF FALSE STATEMENT IN ABSENTEE BALLOTING when they intentionally make a false written statement on, or sign the name of another person to, the application for absentee voting forms. (Sec. 9-359a) **[b]** False statement in absentee balloting is a class D felony. (Sec. 9-359a) **[c] A SENTENCE** for a class D felony shall be at least one year but may not exeed five years in prison. (Sec. 53a-35a) **[d] A FINE** for the conviction of a class D felony shall not exeed five thousand dollars. (Sec. 53a-41)

(To be completed by any person who assists another person in the completion of this application)

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

Signature	Print or Type Name	Residence Address	Telephone No.