

## Goshen Central School District

# Military Voter Registration Application

Please print clearly.

**BE ADVISED:** This Application registers you as a Military Voter with the School District only. If you wish to register as a Military Voter with your County or State Board of Elections, please contact them directly. Military voters must submit a separate military ballot application for each election at which they wish to cast a vote, except any necessary budget revote

This application must be returned by mail or in person to the Office of the School District Clerk, not later than 5:00 PM on the twenty-sixth (26th ) day before the election.

<b>1</b>	<p>I am (check one):</p> <p><input type="checkbox"/> In military service* and by reason of such military service will be absent on the day of registration or election.</p> <p><input type="checkbox"/> In military service and will be discharged from such military service within 30 days of the election.</p> <p><input type="checkbox"/> The (check one) ___spouse, ___ parent, ___ child, or ___ dependent of such qualified military voter accompanying or being with the qualified military voter and am also a qualified voter and resident of the same school district.</p>
<b>2</b>	<p>Name:</p> <p>_____</p> <p style="text-align: center;">Last Name                      First Name                      Middle Initial                      Suffix</p>
<b>3</b>	<p>Residential Address in the School District:</p> <p>_____</p> <p style="text-align: center;">Street Address                      City/Town                      State                      Zip Code</p>
<b>4</b>	<p>Military Address:</p> <p>_____</p> <p style="text-align: center;">Street Address                      City/Town                      State                      Zip Code</p>
<b>5</b>	<p>Preference for Receiving Military Ballot Materials (check one):</p> <p><input type="checkbox"/> Mail (specify Residential or Military Address) _____</p> <p><input type="checkbox"/> Email (provide email address) _____</p> <p><input type="checkbox"/> Fax (provide fax number) _____</p>
<b>6</b>	<p>Military Voter Affirmation:</p> <p>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 personal registration, I shall be guilty of a misdemeanor.</p> <p>Signature of Voter _____ Date _____</p>

Defined as "the military service of the state, or of the United States, including the army, navy, marine corps, air force, coast guard, merchant marine and all components thereof, and the coast and geodetic survey, the public health service, the national guard when in the service of the United States pursuant to call as provided by law, and the cadets or midshipmen of the United States Military Academy, United States Naval Academy, United States Air Force Academy and United States Coast Guard Academy."