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**Town of Winchester**  
**ABSENTEE BALLOT APPLICATION**

(For voters admitted to a health care facility after 12 Noon of the 5<sup>th</sup> day before an election or primary)

***Instructions***

Fill out and sign this application only if you have been admitted to a health care facility after 12 Noon of the 5<sup>th</sup> day before an election or primary. **Warning: Illegal absentee voting, including making a false application, is punishable by a fine of up to \$10,000 and up to five years in prison.**

**This Absentee ballot application is being made for:**

**State Election – November 3, 2020**

**Please print your name here:** \_\_\_\_\_  
(As registered to vote)

**Your legal voting address:** \_\_\_\_\_  
(House number, street name, unit #)

**I was admitted to** \_\_\_\_\_  
Name and address of health care facility

**On** \_\_\_\_\_, **and I hereby request that an absentee ballot be**  
Date of admission. Must be within 5 days of election.

**Delivered to me at this facility by the following person who is not a candidate on the ballot I am requesting.**

\_\_\_\_\_  
Name of person designated to deliver ballot

**Your signature:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_