

# Military Voter Registration Application

This form is for absent Uniformed Service  
members and their families.

Print clearly in blue or black ink

BE ADVISED: This Application registers you as a Military Voter with the School District only. If you would like to receive a Military Ballot please fill out the separate Application for a Military Ballot. If you wish to register as a Military Voter with your County or State Board of Elections, please contact them directly.

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 fifteenth (15<sup>th</sup>) day before the election.

1. Who are you? Pick one.

- ☐ I am on active duty in the Uniformed Services or Merchant Marine -OR- ☐ I am an eligible spouse or dependent.  
☐ I am an activated National Guard member on State orders.  
☐ I am a U.S. citizen living outside the country, and I intend to return.  
☐ I am a U.S. citizen living outside the country, and my return is uncertain.  
☐ I am a U.S. citizen living outside the country, and I have never lived in the United States.

Sex ☐ Female  
☐ Male

\_\_\_\_\_  
Last name or surname

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle initial

\_\_\_\_\_  
Suffix

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Driver's license or State ID #

\_\_\_\_\_  
Birth date

2. Residential Address in School District:

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, town, village

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone #

3. Military Address:

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, town, village

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

4. You must read and sign this statement.

I swear or affirm, under penalty of perjury, that: ■ The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury. ■ I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and ■ I am not disqualified to vote due to having been convicted of a felony or other disqualifying offense, nor have I been adjudicated mentally incompetent; or if so, my voting rights have been reinstated; and ■ I am not registering, requesting a ballot, or voting in any other jurisdiction in the United States, except the jurisdiction cited in this voting form.

Sign here

X

Today's  
Date

**All military registrations must be returned to the District by mail or in person to:**

**Carmery Mendez-Battle, District Clerk  
Peekskill City School District  
1031 Elm Street  
Peekskill, NY 10566**

**[cmendezbattle@peekskillschools.org](mailto:cmendezbattle@peekskillschools.org)**

**914-737-3300x1531**

**Fax: 914-737-3912**