

GUIDE TO THE NEW YORK STATE NOVEMBER 3 GENERAL ELECTIONS ABSENTEE BALLOT APPLICATION

October 27 is the deadline to mail in this completed application form. However, we recommend mailing it in as soon as possible. USPS recommends requesting a ballot by October 20th.

Completed ballots should be mailed in and postmarked, or dropped off at any NYC Early Voting poll site, Election Day poll site, or Board of Elections office by November 3rd.

1 All New Yorkers can select "temporary illness or physical disability" due to the possibility of contracting the novel coronavirus (COVID-19).

3 Your name, date of birth, county, and permanent address must exactly match what is listed in your voter registration. You can check your voter registration by visiting: voterlookup.elections.ny.gov.

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7 Where should your ballot be sent? If you are currently living somewhere other than your permanent address, you can have your ballot mailed to your current location.

8 You must sign and date this form.

If you are unable to sign your request, and instead make your mark, your witness must list their address here.

New York State Absentee Ballot Application

Please print clearly. See detailed instructions.

BOARD USE ONLY:
Town/City/Ward/Dist: _____
Registration No: _____
Party: _____
 voted in office

This application must either be personally delivered to your county board of elections not later than the day before the election, or postmarked by a governmental postal service not later than 7th day before election day. The ballot itself must either be personally delivered to the board of elections no later than the close of polls on election day, or postmarked by a governmental postal service not later than the day before the election and received no later than the 7th day after the election.

1. I am requesting, in good faith, an absentee ballot due to (check one reason):

<input type="checkbox"/> absence from county or New York City on election day	<input type="checkbox"/> resident or patient of a Veterans Health Administration Hospital
<input type="checkbox"/> temporary illness or physical disability (including affected/potential COVID 19)	<input type="checkbox"/> detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony
<input type="checkbox"/> permanent illness or physical disability	
<input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled	

2. absentee ballot(s) requested for the following election(s) :

Primary Election only General Election only Special Election only

Any election held between these dates: absence begins: _____ absence ends: _____

3. last name or surname _____ first name _____ middle initial _____ suffix _____

4. date of birth MM/DD/YYYY _____ county where you live _____ phone number (optional) _____ email (optional) _____

5. address where you live (residence) street _____ apt. _____ city _____ state **NY** zip code _____

6. Delivery of Primary Election Ballot (check one) Deliver to me in person at the board of elections

I authorize (give name): _____ to pick up my ballot at the board of elections.

Mail ballot to me at: (mailing address) _____

street no. _____ street name _____ apt. _____ city _____ state _____ zip code _____

7. Delivery of General (or Special) Election Ballot (check one) Deliver to me in person at the board of elections

I authorize (give name): _____ to pick up my ballot at the board of elections.

Mail ballot to me at: (mailing address) _____

street no. _____ street name _____ apt. _____ city _____ state _____ zip code _____

Applicant Must Sign Below

8. I certify that I am a qualified and a registered (and for primary, enrolled) voter; and that the information in this application is true and correct and that this application 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.

Sign Here: X **Date** _____

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 an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

Date ____/____/____ Name of Voter: _____ Mark: _____

I, the undersigned, hereby certify that the above named voter affixed his or her 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.

(address of witness to mark)

(signature of witness to mark)

2 A recently passed law gives all New Yorkers the option to vote by mail through 2022 due to the possibility of contracting the coronavirus.

6 Ignore this question if you are requesting a ballot for the November 3, 2020 general election

If you are unable to sign this form because of illness, physical disability, or inability to read, you can make your mark here. Power of attorney or printed name stamp is not allowed. A witness must be present as you make your mark. Your witness must fill in your name and date the form.

If you are unable to sign your request, and instead make your mark, your witness must sign their name here.

