		BOARD USE ON	ILY:
New York State Absentee Ballot		Town/City/Ward/Dist:	
Ap	plication		
Please print clearly. See detailed instructions.       Registration Not preceive an absentee ballot: In-Person - Application must be personally delivered to your county board of elections not later than the day before the election. By Mail - Application must be received by your county board of elections not later than the 10th day before the election.       Registration Not preceived to your county board of elections not later than the 10th day before the election.			
			e
	lot itself must either be personally delivered to the board of elections in your county no an the close of polls on election day, or postmarked by a governmental postal service not		
	an the day of the election and received no later than 7 days after the election.		
1.	1. I am requesting in good faith, an absentee ballot due to (check one reason): absence from county or New York City on election day resident of patient of a Veterans Health Administrat		
	<ul> <li>temporary illness or physical disability</li> <li>permanent illness or physical disability</li> <li>detention in jail/prison, awaiting trial, awaiting action by</li> </ul>		
	duties related to primary care of one or more individuals who a grand jury, o	r in prison for a co	priction of a crime or
	are ill or physically disabledoffense whichAbsentee ballot(s) requested for the following election(s):	was not a felony	
2.	2. □ Presidential Primary Election only □ Primary Election only □ General Election only □ Special Election on		
		ce ends://///////_	
2	Last name or surname First name	Middle initial	Suffix
3.			
4.	Date of birth (MM/DD/YYYY)         County where you live         Phone number (optional)	Email (optior	nal)
5.	Address where you live (residence) street Apt. City	State <b>NY</b>	Zip code
6. Delivery of Primary Election Ballot (check one) Deliver to me in person at the bo			the board of elections
0.		ick up my ballot a	at the board of elections.
	Mail ballot to me at: (mailing address)		
	Street no. Street name Apt. City		Sate Zip code
	Delivery of General (or Special) Election Ballot   Deliver t (check one)	o me in person at	the board of elections
□ I authorize (give name): to pick up my ballot at the board of ele			at the board of elections.
	Mail ballot to me at: (mailing address)		
	Street no. Street name Apt. City		Sate Zip code
	Applicant Must Sign Below	t the information i	in this application is true
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 sector of the equivalent of an affidavit and it is application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material sector of the equivalent of the equivalen			
	false statement, shall subject me to the same penalties as if I had been duly sworn.		
	Sign Here: X	Date	
	cant is unable to sign because of illness, physical disability or inability to read, the following s		nin, 60, 777
absent	cuted. By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my app ee ballot without assistance because I am unable to write by reason of my illness or physical o	disability or	
	e I am unable to read. I have made, or have the assistance in making, my mark in lieu of my s of attorney or preprinted name stamps allowed/ See detailed instructions.)	ignature. (No	
Date _	/_/		
l, the u	ndersigned, hereby certify that the above named voter affixed his or her mark to this applica ce and I know him or her to be the person who affixed his or her mark to said application and		
this sta	tement will be accepted for all purposes as the equivalent of an affidavit and if it contains a r ent, shall subject me to the same penalties as if I had been duly sworn.		
	(signature of witness to mark)		
			Board Use Only

## Instructions:

#### Who may apply for an absentee ballot?

Each person must apply for themselves. It is a felony to make a false statement in an application for an absentee ballot, to attempt to cast an illegal ballot, or to help anyone to cast an illegal ballot.

## Information for military and overseas voters:

If you are applying for an absentee ballot because you or your family are in the military or because you currently reside overseas, do not use this application. You are entitled to special legal provisions if you apply using the Federal Postcard Application (FPCA). For more information about military/overseas voting, contact your local board of elections or refer to the Military & Overseas Voting section of the State Board of Elections' website at the following address: <u>https://elections.ny.gov/military-and-overseas-federal-voting</u>

### Where and when to return your application:

Applications for an absentee ballot to be picked up by the voter or an agent of the voter must be submitted in-person at the county board of elections not later than the day before the election. All applications submitted by mail or those for an absentee ballot to be mailed to a voter must be received at the county board of elections no later than 10 days before the election. If the address of your county board of elections is not provided on this form, contact information for your local election office can be found on the New York State Board of Elections' website at following address: <a href="https://publicreporting.elections.ny.gov/CountyBoardRoster/CountyBoardRoste

# Options available to you if you have an illness or disability:

If you check the box indicating your illness or disability is permanent, once your application is approved, you will automatically receive a ballot for each election in which you are eligible to vote, without having to apply again. You may sign the absentee ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp <u>is not allowed</u> for any voting purpose.

Voters with a print disability, which means any disability that interferes with the effective reading, writing, or use of printed material, and require a ballot with accessible features may apply for an Accessible Ballot on the New York State Board of Elections' website at the following address: <u>https://ballotapplication.elections.ny.gov/home/accessible</u>

#### When your ballot will be sent:

Your absentee ballot materials will be sent to you beginning 46 days before federal, state, county, city or town elections in which you are eligible to vote. If you applied after this date, your ballot will be sent immediately after your completed and signed application is received and processed by your local board of elections. If you provide dates in section 2, identifying the time frame within which you will be absent from your county or from the City of New York, you will be sent a ballot for any primary, general, special election or presidential primary election which might occur during the time frame you have specified. If you prefer, you may designate someone to pick up your ballot for you, by completing the required information in section 6 and/or section 7, as appropriate. Contact your local county board of elections if you have not received your ballot.

# How long your application is good for:

Unless you have indicated a permanent illness or disability, you will only receive an absentee ballot for the specific election event(s) indicated on your application, or during the dates of your stated absence, for a given calendar year. For all non-permanent applicants, you must submit a new application every year.