

GUIDE TO THE NEW YORK STATE

JUNE 23 PRIMARY ELECTIONS ABSENTEE BALLOT APPLICATION



Every eligible New York City voter will receive this form in the mail to request an absentee ballot for the June 23, 2020 primary elections. This form must be completed in English and postmarked by June 16 in order to receive your absentee ballot. Registered voters can also request their absentee ballot online at nycabsentee.com.

June 16 is the deadline to mail in this completed application form.

Once you receive your absentee ballot, June 23 is the deadline to mail it back.

1 For the June election, you may 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 You are only eligible to request an absentee ballot for the primary election at this time.

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.

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.

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

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 You are only eligible to request an absentee ballot for the primary election at this time. Information on mail-in voting for the general election will be available in the coming weeks.

6 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.

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.