# **New York State Early Mail Ballot Application**

Please print clearly. See detailed instructions

To receive an early mail 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.

The ballot itself must either be personally delivered to the board of elections in your

BOARD USE ONLY:	
Town/City/Ward/Dist:	
Registration No:	
Negistration No.	
Party:	
. 4. 9.	
☐ voted in office	

govern	no later than the close of poll mental postal service not later an 7 days after the election.	• • • • • • • • • • • • • • • • • • • •		•				
	Early mail ballot(s) requested for the following election(s):  Presidential Primary Primary Election only Only Only						All elections this year	
	Last name or surname		First n	ame		Middle initial	Su	uffix
	Date of birth MM/DD/YYYY	County where you live		Phone number (d	optional)	Email (optiona	1)	
	Address where you are registered		Apt	City		State <b>NY</b>	Zip code	
	Delivery of Primary Election	n Ballot (check one)			☐ Deliver to m	e in person at t	he board	of elections
	☐ I authorize (give name): to pick up my ballot at the b ☐ Mail ballot to me at: (mailing address)					llot at the boa	rd of elect	ions
	Street no. Street	name		Apt	City	State	! 7	Zip code
	Delivery of General (or Spe				ot at the board of ele	ctions		
	_	name		Apt	City	State		Zip code
	Applicant Must Signary I certify that I am a qual application is true and cor and, if it contains a mater Sign Here:	ified and a registe rect and that this ap ial false statement, lness, physical disability	oplication v , shall subj	will be accepted ect me to the s	d for all purposes came penalties as D	as the equivalent in the equivalent in the equivalent e	ralent of n duly s	an affidavit worn.
assistan	nark, duly witnessed hereunder, I nce because I am unable to write k ceived assistance in making, my m ailed instructions.)	by reason of illness or p	hysical disab	ility or because I a	m unable to read. I h	ave made, or		
I, the ur him or I for all p	Name of Voter: MM/DD/YYYY  Indersigned, hereby certify that the mer to be the person who affixed h urposes as the equivalent of an affect as if I had been duly sworn.	e above named voter af nis or her mark to said a	fixed their mapplication a	nark to this applica nd understand tha	tion in my presence t this statement will	be accepted		
(Address	of witness to mark)	(Signature	of witness to r	mark)			Board Use 2024 Early Vo Application –	ote By Mail

## **Instructions:**

#### Who may apply for an early mail ballot?

Each person must apply for themselves. It is a felony to make a false statement in an application for an early mail 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 early mail 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:

https://elections.ny.gov/military-and-overseas-federal-voting

#### Where and when to return your application:

Applications for an early mail 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 early mail 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:

https://publicreporting.elections.ny.gov/CountyBoardRoster/CountyBoardRoster

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

You may sign the early mail 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 is not allowed 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: <a href="https://ballotapplication.elections.ny.gov/home/accessible">https://ballotapplication.elections.ny.gov/home/accessible</a>

#### When your ballot will be sent:

Your early mail 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 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.