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 county no later than the close of polls on election day, or postmarked by a

governmental postal service not later than the day of the election and received no later than 7 days after the election.

	Early mail ballot(s) request Presidential Primary Election only	ted for the followir Primary Election only	•		Special Election only	□ All electio	ns this year
	Last name or surname		First na	me		Middle initial	Suffix
	Date of birth MM/DD/YYYY	County where you live		Phone number (optional)	Email (optional)	
	Address where you are registered Apt City State NY						code
	Delivery of Primary Election Ballot (check one)						oard 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
	 I authorize (give name): to pick up my ballot at the board of elections Mail ballot to me at: (mailing address) 						
	Street no. Street			Apt	City	State	Zip code
7. 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							
By my r assistar have re	cant is unable to sign because of ill nark, duly witnessed hereunder, I nce because I am unable to write b ceived assistance in making, my m ailed instructions.)	hereby state that I am y reason of illness or p	unable to sigrophysical disabi	n my application f ity or because I a	for an early mail ballo m unable to read. I h	ot without nave made, or	
ا I, the ui him or for all p	_// Name of Voter: MM/DD/YYYY ndersigned, hereby certify that the her to be the person who affixed h urposes as the equivalent of an af es as if I had been duly sworn.	e above named voter a nis or her mark to said fidavit and if it contain	iffixed their m application an as a material fa	d understand tha	ation in my presence at this statement will	be accepted	
(Signature of witness to mark)						I	

Registration No: _____

BOARD USE ONLY: Town/City/Ward/Dist:

Party: ___

□ voted in office

(Address of witness to mark)

Board Use Only 2024 Early Vote By Mail Application – English

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 <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 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.