

Stay Safe, **VOTE** by Absentee Ballot in the General Election November 3rd

Any New Yorker eligible to vote in the General will be able to vote by Absentee Ballot.

In box 1.

CHECK "temporary illness or physical disability" to show staying safe from COVID-19 is the reason you are requesting an absentee ballot.

In box 8.

Be sure to Sign and Date.

Mail Application

Mail to your County's BOE postmarked no later than October 27th.

Or you may hand deliver application to your County BOE up to the day before Election.

CSEA recommends to submit application ASAP.

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 | <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 | |

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: / /
MM/DD/YYYY

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: _____
MM/DD/YYYY

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]

Board Use Only
2018 Absentee Ballot Application

For More Information Visit
www.elections.ny.gov