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:							
Party:	_						
□ voted in office							

govern	no later than the close of poil mental postal service not late lan 7 days after the election.	• • • •		•					
	Early mail ballot(s) requested for the following election(s): Presidential Primary Primary Election only Special Election only only					☐ All el	☐ All elections this year		
	Last name or surname		First n	ame		Middle initial	Suf	ffix	
	Date of birth MM/DD/YYYY	County where you live		Phone number (o	pptional)	Email (optiona	1)		
	Address where you are registered		Apt	City		State NY	Zip code		
	Delivery of Primary Electio	n Ballot (check one)			☐ Deliver to m	e in person at t	he board o	felections	
	☐ I authorize (give name): to pick up my ballot at the bold in the bo					llot at the boa	oard of elections		
	Street no. Street	name		Apt	City	State	. Zi	ip code	
	☐ I authorize (give name): ☐ Mail ballot to me at: (mailing	g address)	t	o pick up my ballo	t at the board of ele	ctions			
	_	name		Apt	City	State	e Zi	ip code	
7.	Applicant Must Signary I certify that I am a qual application is true and corand, if it contains a mater Sign Here:	ified and a registe rect and that this ap ial false statement,	plication v shall subj	will be accepted ect me to the s	I for all purposes ame penalties as	as the equiver if I had bee	alent of a n duly sw	an affidavit vorn. ———	
By my n assistan have re	ant is unable to sign because of il nark, duly witnessed hereunder, I ce because I am unable to write b ceived assistance in making, my n ailed instructions.)	hereby state that I am upy reason of illness or ph	inable to sig	n my application f ility or because I a	or an early mail ballo m unable to read. I h	ot without ave made, or			
I, the ur him or h for all p	Name of Voter: MM/DD/YYYY Indersigned, hereby certify that the lart to be the person who affixed I large as a sif I had been duly sworn.	e above named voter af nis or her mark to said a	fixed their m	nark to this applica nd understand tha	tion in my presence t this statement will	be accepted			
(Address	of witness to mark)	(Signature o	of witness to r	nark)			Board Use (2024 Early Vote Application – E	e 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: https://ballotapplication.elections.ny.gov/home/accessible

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.