



**New York State Board of Elections**

**PROPOSED RESOLUTION 24-03**

**RESOLUTION TO APPROVE REVISED EARLY MAIL BALLOT APPLICATION**

**WHEREAS**, on September 20, 2023, the Governor signed into law Chapter 481 of the Laws of 2023 which provided for the New York Early Mail Voter Act; and

**WHEREAS**, the New York State Board of Elections (hereinafter “the State Board”), is charged to “prescribe a standard application form” for an early mail ballot by Chapter 481; and

**WHEREAS**, Chapter 474 of the Laws of 2023 scheduled the Presidential Primary election for April 2, 2024; and

**WHEREAS**, changes to such application are required to reflect the scheduling of such election made by Chapter 474; and

**WHEREAS**, the attached sample reflect the consensus of the State Board staff’s review of said application;

**NOW THEREFORE BE IT RESOLVED**, that the State Board does hereby approve the sample early mail ballot application as attached herewith and directs staff to distribute said sample immediately to county boards and applicable agencies advising them to use the attached sample forthwith.

# 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.

BOARD USE ONLY:

Town/City/Ward/Dist:

Registration No: \_\_\_\_\_

Party: \_\_\_\_\_

voted in office

1.	Early mail ballot(s) requested for the following election(s):				
	<input type="checkbox"/> Presidential Primary Election only	<input type="checkbox"/> Primary Election only	<input type="checkbox"/> General Election only	<input type="checkbox"/> Special Election only	<input type="checkbox"/> All elections this year

2.	Last name or surname	First name	Middle initial	Suffix

3.	Date of birth MM/DD/YYYY	County where you live	Phone number (optional)	Email (optional)

4.	Address where you are registered		Apt	City	State	Zip code
					NY	

5.	Delivery of Primary Election Ballot (check one)		<input type="checkbox"/> Deliver to me in person at the board of elections			
	<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the board of elections					
	<input type="checkbox"/> Mail ballot to me at: (mailing address)					
Street no.		Street name	Apt	City	State	Zip code

6.	Delivery of General (or Special) Election Ballot (check one)		<input type="checkbox"/> Deliver to me in person at the board of elections			
	<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the board of elections					
	<input type="checkbox"/> Mail ballot to me at: (mailing address)					
Street no.		Street name	Apt	City	State	Zip code

### Applicant Must Sign Below

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: <b>X</b> _____			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 early mail ballot without assistance because I am unable to write by reason of illness or physical disability or because I am unable to read. I have made, or have received 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 their 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.

\_\_\_\_\_  
(Signature of witness to mark)

\_\_\_\_\_  
(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 and Federal Voting sections at: <https://www.elections.ny.gov/>

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

**Applications for an early mail ballot that will be delivered in-person at the county board of elections to the voter or an agent of the voter must be received not later than the day before the election. Applications for a ballot to be delivered by mail to the 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, under "County Boards of Election" directory at:

<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.

### **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.