	olication e print clearly. See detaile	ed instructions			Town/City/Wa	ard/Dist:		
To receive an early mail ballot: <u>In-Person</u> - Application must be person your county board of elections not later than the day before the election Application must be received by your county board of elections not lat day before the election. The ballot itself must either be personally delivered to the board of elec county no later than the close of polls on election day, or postmarked l				ion. <u>By Mail</u> - ter than the 10th ections in your by a	Registration No:       Party:       □ voted in office			
-	imental postal service not later nan 7 days after the election.	r than the day of the e	election and	l received no				
1.	Early mail ballot(s) requested for the following election(s):         Primary Election only       General Election       Special Election       All elections this year only							
2.	Last name or surname		First na	me		Middle initial	Suffix	
3.	Date of birth MM/DD/YYYY	County where you live		Phone number (opti	ional)	Email (optiona	1)	
4.	Address where you are registered Apt City State NY						Zip code	
5.	Delivery of Primary Election	n Ballot (check one)			Deliver to m	ne in person at t	he board of electio	ns
	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	
6.	Delivery of General (or Special) Election Ballot (check one) <ul> <li>Deliver to me in person at the board of election</li> <li>I authorize (give name):</li></ul>							ns
		name		Apt	City	State	Zip code	
7.	Applicant Must Signature I certify that I am a qual application is true and cor and, if it contains a mater	ified and a registe	ered (and f oplication w shall subje	for primary, enro vill be accepted fo ect me to the san	or all purpose ne penalties a	s as the equiv is if I had bee	alent of an affic n duly sworn.	this Javit
	Sign Here: X				L	Date/	/ MM/DD/YYYY	-
By my r assistar have re See det Date I, the un	Cant is unable to sign because of il mark, duly witnessed hereunder, I nee because I am unable to write b ceived assistance in making, my m cailed instructions.) Name of Voter: MM/DD/YYYY ndersigned, hereby certify that the her to be the person who affixed I	hereby state that I am u by reason of illness or ph nark in lieu of my signati e above named voter af	unable to sigr nysical disabil ure. (No pow Ma fixed their ma	n my application for a ity or because I am u er of attorney or pre rk: ark to this applicatio	an early mail bal unable to read. I eprinted name st 	lot without have made, or amps allowed. e and I know	, _,	
•	ourposes as the equivalent of an at es as if I had been duly sworn.	fidavit and if it contains	a material fa	alse statement, shall	subject me to th	ie same		
(Address	s of witness to mark)	(Signature o	of witness to m	bark)			Board Use Only 2024 Early Vote By Mail Application – English	

BOARD USE ONLY:

New York State Early Mail Ballot			
Application			

# 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.