

# New York Village 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 village clerk's office not later than the day before the election. **By Mail** - Application must be received by your village clerk's office not later than the 7th day before the election. The ballot itself must either be personally delivered to your village clerk's office no later than the close of the polls on election day.

**CLERK USE ONLY:**  
Village/City/Ward/Dist: \_\_\_\_\_  
Registration No: \_\_\_\_\_  
Party: \_\_\_\_\_  
 voted in office

1. early mail ballot(s) requested for the following election(s) :  
 Primary Election only     General Election only     Special Election only     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 **NY** zip code \_\_\_\_\_

5. Delivery of Primary Election Ballot (check one)     Deliver to me in person at the board 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 \_\_\_\_\_

6. Delivery of General (or Special) Election Ballot (check one)     Deliver to me in person at the board 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 \_\_\_\_\_

## 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: **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 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.

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

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