

## How to vote by absentee ballot in NYS

<https://www.elections.ny.gov/votingabsentee.html>

Pursuant to Executive Order 202.15 issued April 9, 2020, voters may request and vote via an absentee ballot for any election held on or before June 23, 2020 due to the potential to contract the novel coronavirus (COVID-19). To request an absentee ballot, voters may fill out an absentee ballot application and check “temporary illness or physical disability” as the reason they are requesting an absentee ballot.

As of April 27, 2020 we believe there will be “in person” voting available. However, to encourage public health and allow citizens to make healthy choices, the state will mail each registered voter an ABSENTEE BALLOT REQUEST FORM (like the one below) and a postage paid return envelope. You MUST complete the form and return it to your county election board. Once you request an absentee ballot using this form, a ballot will be mailed to you.

If you do not want to wait for the request form to be mailed to you you can print out a copy at <https://www.elections.ny.gov/votingabsentee.html> or contact your County Board of Elections for assistance.

Tompkins County Board of Elections  
Court House Annex  
128 E. Buffalo Street  
Ithaca, NY 14850

Phone: 607-274-5522  
Fax: 607-274-5533

Schuyler County Board of Elections  
County Office Building  
105 9th Street, Unit 13  
Watkins Glen, NY 14891-9972

Phone: 607-535-8195  
Fax: 607-535-8364

Seneca County Board of Elections  
One DiPronio Drive  
Waterloo, NY 13165

Phone: 315-539-1760  
Fax: 315-539-3710

Cayuga County Board of Elections  
157 Genesee Street (Basement)  
Auburn, NY 13021

Phone: 315-253-1285  
Fax: 315-253-1289

# 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):  
 absence from county or New York City on election day  
 temporary illness or physical disability  
 permanent illness or physical disability  
 duties related to primary care of one or more individuals who are ill or physically disabled  
 resident or patient of a Veterans Health Administration facility  
 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

Choose this option

2. absentee ballot(s) requested for the following election(s) :  
 Primary Election only  
 General Election only  
 Special Election only  
 Any election held between these dates: absence begins: \_\_\_/\_\_\_/\_\_\_ absence ends: \_\_\_/\_\_\_/\_\_\_

END DATE JUNE 23 2020

3. last name or surname \_\_\_\_\_ first name \_\_\_\_\_ middle initial \_\_\_\_\_ suffix \_\_\_\_\_

4. date of birth MM/DD/YYYY \_\_\_\_\_ county where you live \_\_\_\_\_ phone number (optional) \_\_\_\_\_ email (optional) \_\_\_\_\_

5. address where you live (residence) street \_\_\_\_\_ apt. \_\_\_\_\_ city \_\_\_\_\_ state **NY** zip code \_\_\_\_\_

6. 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

7. 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

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

Don't forget to sign!

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)