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 country 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

1. I am requesting, in good faith, an absentee ballot due to (check one reason):
   - [ ] 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
   - [ ] 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

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: / / / /

3. Last name, first name, middle initial, if any:

4. Date of birth: MM/DD/YYYY

5. Address where you live:
   - street number
   - street name
   - city
   - state
   - zip code

6. Delivery of Primary Election Ballot (check one):
   - [ ] Deliver me in person at the board of elections to pick up my ballot at the board of elections.
   - [ ] Mail ballot to me:
     - name of person or organization
     - mailing address

7. Delivery of General (or Special) Election Ballot (check one):
   - [ ] Deliver me in person at the board of elections to pick up my ballot at the board of elections.
   - [ ] Mail ballot to me:
     - name of person or organization
     - mailing address

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 a sworn 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 / / /

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 hereto. 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:

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)

END DATE JUNE 23 2020

Choose this option

Don’t forget to sign!