Application for Special Presidential Ballot

BOARD USE ONLY:

Town/City/Ward/Dist _____

Registration No: _____

Party: _____

☐ *voted in office*

VOTING BY SPECIAL PRESIDENTIAL BALLOT

You can use this form to request a Special Presidential Ballot, which will entitle you to vote for the electors for President and Vice President in the upcoming Presidential Election:

If you moved from New York State to another state after the 30th day preceding the Presidential Election,

OR

If you moved within New York State, from one county to another after the 30th day preceding the Presidential Election,

AND

You do not meet the qualifications to register and vote for President and Vice President from you new address, but were registered to vote in New York State at the time of your vote.

1.

Last name or surname	First name or surname	Middle initial	Suffix

2.

Date of birth	previous county of residence in New York State	Phone number (optional)

3. THE NEW YORK STATE RESIDENCE AT WHICH I WAS LAST REGISTERED TO VOTE WAS:

_____ _____ _____ _____ **NY** _____

Street no. Street name apt. City Zip Code

4. MY PRESENT RESIDENCE ADDRESS IS:

_____ _____ _____ _____

Street no. Street name apt. City

_____ _____ _____

State Country Zip Code or postal code

5. DELIVERY OF SPECIAL PRESIDENTIAL BALLOT (Check/complete 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)

_____

6.

Applicant Must Sign Below

I do solemnly swear or affirm that I was duly registered to vote in New York State, but moved to another county in New York, or to another state, after the 30th day preceding the Presidential Election, and I do not qualify to register and vote from my new address. I am applying for a Special Presidential Ballot, so that I many vote for PRESIDENTIAL AND VICE PRESIDENTIAL ELECTORS ONLY in the next election in which presidential and vice presidential electors will be voted upon.

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 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:_____

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.

_____ _____

(Signature of witness to mark)

_____

(Address of witness to mark)