

Application for Special Presidential Ballot

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:

BOARD USE ONLY:

Town/City/Ward/Dist _____

Registration No: _____

Party: _____

voted in office

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 your 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
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2.	Date of birth	previous county of residence in New York State	Phone number (optional)
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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	Zip Code or postal code
	_____	_____	_____	_____	_____
	State	Country			

5.	DELIVERY OF SPECIAL PRESIDENTIAL BALLOT (Check/complete one)	
	<input type="checkbox"/>	Deliver to me in person at the board of elections
	<input type="checkbox"/>	I authorize (give name): _____ to pick up my ballot at the board of elections.
	<input type="checkbox"/>	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 30 th 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 may 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: <u>X</u>	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.

(Address of witness to mark)

(Signature of witness to mark)

(Address of witness to mark)