

# New York Accessible Electronic Absentee Ballot Application

## Voter Registration Information

Last Name:

First Name:

Middle Initial:

Street Address:

City:

State: **NY**

Zip Code:

County:

Date of Birth:

Phone Number (Optional):

Email Address:

---

I declare that I am visually impaired or otherwise disabled, and that such disability prevents me from being able to independently cast a paper absentee ballot, without traveling to a Board of Elections and using a ballot marking device. By submitting this document, I certify, under penalty of perjury, that I am a United States citizen and that I have a disability and require use of an accessible electronic absentee ballot in order to vote privately and independently. I further 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:        /        /

**WARNING:** You must be a **United States citizen** to vote. If you are not a United States citizen, you will not be issued an absentee ballot. A person making a false statement in this absentee ballot application is guilty of a misdemeanor.

---

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)

## Instructions for Submitting this Form

In order for this application to be fillable using screen reading software, you must download it and use software such as Adobe Reader. You can download Adobe Reader at <https://get.adobe.com/reader>.

When signing this form, your board of elections will accept standard text input as a voter's signature. After completing this form, save it and email, mail or hand-deliver it to your local board of elections. You can find contact information for your local board of elections online at <https://www.elections.ny.gov/CountyBoards.html> or by visiting <https://www.elections.ny.gov> and clicking on "County Boards" on the left side.

The deadline for submitting this form is 7 days before the election, but you should return it as early as possible.

After you submit the application, an accessible electronic absentee ballot will be emailed to you. Complete the ballot, print it, place it in an envelope, and sign the back of the envelope. To return the ballot, it must be hand-delivered to your local board of elections by 9 PM on Tuesday, June 23, or mailed so that it is postmarked no later than Tuesday, June 23, and received by the county board of elections by Tuesday, June 30.