GID POU

APLIKASYON POU BILTEN VÒT PA KORESPON-DANS POU ELEKSYON PRIMÈ 23 JEN YO NAN ETA NEW YORK

nyc votes

DEMOCRACY NYC
YOUR VOICE, YOUR POWER

NYC Mayor's Office of Immigrant Affairs

NYC Civic Engagement Commission

16 Jen se dat limit la pou poste fòmilè aplikasyon konplè sa a.

Dèke ou resevwa bilten vòt pa korespondans ou an, se pou voye l tounen pa lapòs avan dat limit la ki se 23 Jen.

1 Pou eleksyon Jen an, ou ka chwazi "maladi tanporè oswa andikap fizik" poutèt posibilite ke w ka trape nouvo kowonaviris (COVID-19) la.

3 4 5 Non w, dat nesans ou, konte a, ak adrès pèmanan w lan dwe koresponn egzakteman ak enfòmasyon ki make sou enskripsyon votè w la. Ou kapab gade enskripsyon votè w la lè w ale sou sit la nan: voterlookup.elections.ny.gov.

7 Pou kounye a ou elijib sèlman pou w mande yon bilten vòt pa korespondans pou eleksyon primè yo.

8 Ou dwe siyen epi mete dat la sou fòmilè sa a.

Si ou pa kapab siyen demann ou an, epi ou fè yon mak alaplas siyati w la, temwen w lan dwe mete adrès li la a.

Every eligible New York City voter will receive this form in the mail to request an absentee ballot for the June 23, 2020 primary elections. Ou fèt pou ranpli fòmilè sa a nan lang Anglè epi se pou l gen so postal la sou li ki pa depase dat 16 Jen an pou w kapab resevwa bilten vòt pa korespondans ou an. Votè ki enskri yo kapab mande tou pou yon bilten vòt pa korespondans sou entènèt la nan nycabsentee.com.

New York State Absentee Ballot Application

Please print clearly. See detailed instructions.

BOARD USE ONLY:
Town/City/Ward/Dist: _____
Registration No: _____
Party: _____
☐ *voted in office*

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.

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 (including affected/potential COVID 19)
- ☐ 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 Hospital
- ☐ 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: ____/____/____ (MM/DD/YYYY) absence ends: ____/____/____ (MM/DD/YYYY)~~

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)

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 ___/___/____ (MM/DD/YYYY) 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)

Board Use Or
2015 Absentee B

2 Pou kounye a ou elijib sèlman pou w mande yon bilten vòt pa korespondans pou eleksyon primè yo. Nan semèn kap vini yo nou pral bay enfòmasyon sou vòt pa lapòs pou eleksyon jeneral la.

6 Ki kote pou yo voye bilten vòt ou a? Si aktyèlman ou abite yon lòt kote ki pa adrès pèmanan w lan, ou kapab mande pou yo poste bilten vòt ou a pou ou nan kote w ye kounye a.

Si w pa kapab siyen fòmilè sa a akòz maladi, andikap fizik oswa akòz ou pa konn li, ou kapab fè yon mak la a. Nou entèdi itilizasyon manda oswa so ki gen non ki deja enprime sou yo. Fòk gen yon temwen ki prezan lè wap fè mak ou a. Temwen w lan dwe make non w epi mete dat la sou fòmilè a.

Si ou pa kapab siyen demann ou an, epi ou fè yon mak alaplas siyati w la, temwen w lan dwe siyen non li la a.