纽约州

6月23日 初选缺席选票申请表

指南

6月16日是将填写完成的申请表寄回的截止日期。

一旦您收到缺席选票，6月23日是将其寄回的截止日期。

1 在6月份的选举中，如果有可能感染新型冠状病毒（COVID-19），您可以选择“暂时性疾病或身体残疾”。

3 您的姓名、出生日期、所在的县和永久地址必须与您的选民登记中所列的完全一致。您可以通过访问：

4 voterlookup.elections.ny.gov查看您的选民登记情况。

5

7 您目前只能申请初选的缺席选票。

8 您必须在此表格上签名并注明日期。

如果您无法在您的申请表上签名，而是用画押替代，您的见证人必须在此处列出他们的地址。

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. 此表格必须以英文填写，并于6月16日前盖上邮戳，以便能收到您的缺席选票。登记选民也可以在nycabsentee.com上在线申请缺席选票。

New York State Absentee Ballot Application

Please print clearly. See detailed instructions.

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.

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

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: ____/____/____ 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 您目前只能申请初选的缺席选票。有关大选邮寄投票的信息将在未来几周内公布。

6 您的选票应该寄送到哪里？如果您目前居住的地址不是您的永久住址，您可以选择把选票邮寄到您现在的地址。

如果您由于生病、身体残疾或无法阅读而无法签署此表格，则您可以在此处画押。不允许使用委托书或预先刻好的姓名印章。您画押时见证人必须在场。您的见证人必须在表格上填入您的姓名并注明日期。

如果您无法在您的申请表上签名，而是用画押替代，您的见证人必须在此处签名。

nyc votes

DEMOCRACY NYC
YOUR VOICE, YOUR POWER

NYC Mayor's Office of Immigrant Affairs

NYC Civic Engagement Commission