

Mail Ballot Application

General Election - November 3, 2020



State of Rhode Island and Providence Plantations
RI Department of State

➔ To receive a mail ballot, you must complete and submit this application to your local board of canvassers by:



View your voter information or track your ballot at **vote.ri.gov**

Tuesday, October 13, 2020 at 4:00 p.m.

Box A Voter information

Full Name of Voter

Home Address (where you are registered to vote)

RI

City/Town

State

Zip Code

Date of Birth

Phone Number

Email Address

Box B Address where your mail ballot is to be sent

Complete if different from your Box A address

Name of Institution (if applicable)

Address

Address

City/Town

State

Zip Code

Fax Number (if applicable for Box C, Category 3)

Box C Mail ballot categories (Choose one:)

I certify that I am eligible for a mail ballot on the following basis:

- ☐ 1. I am incapacitated to such an extent that it would be an undue hardship to vote at the polls because of illness, mental or physical disability, blindness or a serious impairment of mobility. I want my mail ballot to be sent to the address listed in Box A **or** Box B.
- ☐ 2. I am confined in a hospital, convalescent home, nursing home, rest home, or similar institution within the State of Rhode Island. I understand that my ballot will be brought to me by a bipartisan pair of election officials from the State Board of Elections before election day at the facility listed in Box B.
- ☐ 3. I am employed or in service intimately connected with military operations or because I am a spouse or dependent of such person, or I am a United States citizen who will be outside the United States. If Box B is not complete, my mail ballot will be mailed to my local board of canvassers. Please clearly print an email address where you can be contacted regarding your ballot status: _____
- ☐ 4. I may not be able to vote at my polling place in my city/town on the day of the election. I want my mail ballot to be sent to the address listed in Box A **or** Box B. If you request that your ballot be sent to your local board of canvassers, please indicate the address in Box B.

Box D Oath of voter and signature

- I declare that all of the information I have provided on this form is true and correct to the best of my knowledge.
- I am a qualified registered voter and the requester of a mail ballot.
- I further state that I am not a qualified voter of any other city/town or state and have not claimed and do not intend to claim the right to vote in any other city/town or state.
- If unable to sign name because of physical incapacity or otherwise, applicant shall make their mark "X".

! **Power of Attorney Signature:** A Power of Attorney signature is **not valid** in Rhode Island.

! **Invalid Signature:** Your mail ballot may be disqualified if you submit an electronic or stamped signature, or someone other than you signs this application.

Full Signature of Voter:

X _____

For Official Use Only:

Date Received: _____

Accepted by: _____

Precinct: _____