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:

preceding the Presidential Election
to another state after the 30th day
If you moved from New York State

If you moved within New York State, from one county to another county after the 30th day preceding the Presidential Election,

-AND→

BOARD USE ONLY:						
Town/City/Ward/Dist:						
Registration No:						
Party:						
□ voted in office						

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 move.

Please complete this application and send it to the County Board of Elections you were registered with in New York State. Your County Board mailing address can be found at the New York State Board of Elections website: www.elections.ny.gov.

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1.	last name or surname	first name		middle initial	suffix		
2.	date of birth						
3.	WAS:	YORK STATE RESIDENCE ADDRESS AT WHICH I WAS LA		NY apt. zip cod	e		
4.	street no. street name	MY PRESENT RESIDENCE ADDRESS IS: apt. city					
	state country	zip code or postal code					
5.	DELIVERY OF SPECIAL PRESIDENTIAL BALLOT (check/complete one) Deliver to me in person at the board of elections I authorize (give name):						
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 30th 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: X 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 a Special Presidential 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.)							
Date	/ Name of Voter:	Mark:					
preser that th	nce and I know him or her to be the perso	re named voter affixed his or her mark to this applica on who affixed his or her mark to said application and poses as the equivalent of an affidavit and if it contain enalties as if I had been duly sworn.	d understand				
		(signature of witness to mark)					
(addre	ss of witness to mark)	_		oard Use Only 012 Special Presidential E	Ballot App		